Health and Wellness

Alberta Health Care Insurance Plan
Statistical Supplement
2011 - 2012

Alberta

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Introduction

The Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan (AHCIP) is a publicly funded health care plan. It was established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to registered Albertans. They are:

- Basic health coverage for insured services provided by physicians, dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All eligible residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.
- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Health and Wellness and administered by Alberta Blue Cross. From April 1, 2011 to March 31, 2012, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Ministry of Health and Wellness Annual Report 2011-2012* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied health practitioners (dental specialists/oral surgeons, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans while they are out of the country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2011 to March 31, 2012. Where possible, data reports over a five-year period to facilitate long-term comparisons.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Non-Group Supplementary Plans, which reports data on a date-of-payment basis.

Note: Some data in the Statistical Supplement may differ from data reported in the Annual Report. The Statistical Supplement uses claims payment data, based on date of service, from the Claims Assessment System, while the Annual Report uses financial statement data, based on date of payment, from the Alberta Government Integrated Management Information System.

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Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories; and
- Services and costs (e.g. hospital and home care services and costs) provided by Alberta Health Services.

The *Ministry of Health and Wellness Annual Report 2011-2012* provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Health website at www.health.alberta.ca.

Note: This document reflects the fiscal year April 1, 2011 to March 31, 2012. Explanations of data and coverage may not be applicable for periods after March 31, 2012.

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Section 1: Registration

Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and gender, as at March 31, 2012.

Highlights

- A total of 3,910,117 Albertans were registered for basic health coverage. This is an increase of 3.27%, compared to 2010-2011. Included in this total are 74,046 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 61,404 individuals in 2010-2011.
- In 2011-2012, there were 216 Albertans who chose to opt out of the AHCIP compared to 228 in 2010-2011.

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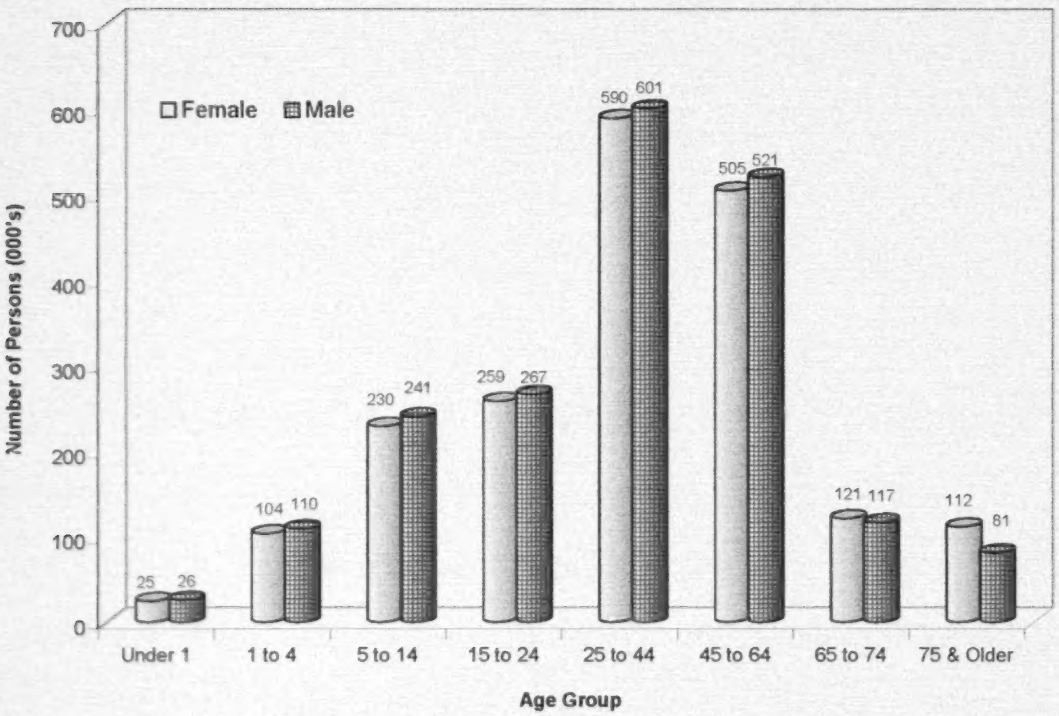
Figures and Charts

Figure 1
Distribution of Population Covered for Basic Health Services by Age and Gender as at March 31, 2012



Explanatory Notes

Registrations

Alberta Health Care Insurance Plan registration data are based on the number of active registrations as at the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are available in Tables 1.1 and 1.2.

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The population data reported in the Statistical Supplement differs from Statistics Canada provincial population estimates because:

- Health and Wellness continually updates AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.

Members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage and are not included in the AHCIP data. However, any of their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

Opting Out
Albertans may opt out of the AHCIP at any time. These individuals and their dependants are responsible for paying all of their health care expenses. The Opt Out program is a renewable three-year term and the resident has the option to rescind their decision to opt out during this period.

Non-Seniors Category
Health and Wellness provides premium-free AHCIP coverage to individuals who are under 65 years of age. Non-Group Supplementary coverage is available upon payment of a monthly premium. Section 4 provides more information on Non-Group Supplementary Plans.

Seniors Category
Health and Wellness provides premium-free AHCIP and Non-Group Supplementary Plan coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Alberta Widows' Pension Category
Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through Employment and Immigration's Alberta Widows' Pension plan. As of April 1, 2004, no new applications have been accepted and Employment and Immigration staff direct people who inquire about the Alberta Widows' Pension to appropriate income support programs. With no new applicants, the number of Alberta Widows' Pension recipients continues to decline.

Currently, recipients of the Alberta Widows' Pension and their eligible dependants receive AHCIP coverage and premium-free Non-Group Supplementary coverage. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

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Table 1.1
Number of Registrations and Population Covered
as at March 31, 2008, 2009, 2010, 2011 and 2012 [1]

Population Categories	Number of Registrations					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Non-Seniors[2]	1,475,538	1,539,887	1,613,051	1,671,077	1,745,659	4.36	4.75	3.60	4.46
Seniors	279,446	287,723	295,714	304,858	318,412	2.96	2.78	3.09	4.45
Alberta Widows' Pension	772	575	419	272	164	(25.52)	(27.13)	(35.08)	(39.71)
Total	1,755,756	1,828,185	1,909,184	1,976,207	2,064,235	4.13%	4.43%	3.51%	4.45%

Population Categories	Population Covered					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Non-Seniors[2]	3,061,483	3,163,985	3,254,468	3,334,365	3,436,942	3.35	2.86	2.45	3.08
Seniors	411,700	424,900	437,098	451,592	473,004	3.21	2.87	3.32	4.74
Alberta Widows' Pension	813	609	435	281	171	(25.09)	(28.57)	(35.40)	(39.15)
Total	3,473,996	3,589,494	3,692,001	3,786,238	3,910,117	3.32%	2.86%	2.55%	3.27%

(1) The population figures are as at March 31, calculated in July.
(2) Non-Seniors include two former categories, as reported in previous statistical supplements, 'individual and group' and 'income support recipients'.

Table 1.2
Number of Registrations and Population Covered
as at March 31, 2012 [1] [2]

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Non-Seniors[3]	1,745,659	3,436,942	945,772	945,772	799,887	2,491,170
Seniors	318,412	473,004	169,461	169,461	148,951	303,543
Alberta Widows' Pension	164	171	161	161	3	10
Total	**2,064,235**	**3,910,117**	**1,115,394**	**1,115,394**	**948,841**	**2,794,723**

(1) The population figures are as at March 31, calculated in July.
(2) Certain data elements included in previous years are no longer available.
(3) Non-Seniors include two former categories, as reported in previous statistical supplements, 'individual and group' and 'income support recipients'.

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Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2008, 2009, 2010, 2011 and 2012 [1] [2]

Gender / Age Group	Total Male and Female					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 1	48,991	50,732	51,336	50,457	51,133	3.55	1.19	(1.71)	1.34
1 - 4	179,252	188,440	198,201	207,129	213,351	5.13	5.18	4.50	3.00
5 - 9	212,480	217,209	221,855	229,000	240,403	2.23	2.14	3.22	4.98
10 - 14	226,400	228,002	228,067	227,827	230,153	0.71	0.03	(0.11)	1.02
15 - 19	245,327	247,120	246,851	246,893	247,475	0.73	(0.11)	0.02	0.24
20 - 24	257,848	265,410	270,130	272,714	278,042	2.93	1.78	0.96	1.95
25 - 29	265,300	283,714	297,665	307,873	320,303	6.94	4.92	3.43	4.04
30 - 34	252,759	265,892	278,789	290,276	308,368	5.20	4.85	4.12	6.23
35 - 39	253,676	262,071	268,734	273,742	284,403	3.31	2.54	1.86	3.89
40 - 44	262,568	262,542	263,711	269,491	278,370	(0.01)	0.45	2.19	3.29
45 - 49	285,348	290,941	293,387	290,863	288,789	1.96	0.84	(0.86)	(0.71)
50 - 54	258,358	268,829	278,190	285,770	293,476	4.05	3.48	2.72	2.70
55 - 59	199,725	210,968	223,897	238,172	252,228	5.63	6.13	6.38	5.90
60 - 64	153,512	162,869	174,076	185,094	192,052	6.10	6.88	6.33	3.76
65 - 69	110,832	116,458	121,806	127,355	138,588	5.08	4.59	4.56	8.82
70 - 74	88,523	90,354	92,765	95,734	99,859	2.07	2.67	3.20	4.31
75 - 79	74,087	75,156	75,883	76,812	77,723	1.44	0.97	1.22	1.19
80 - 84	51,986	53,654	55,662	57,673	59,389	3.21	3.74	3.61	2.98
85 - 89	31,036	32,401	33,267	34,246	35,496	4.40	2.67	2.94	3.65
90 & Older	15,988	16,732	17,729	19,117	20,516	4.65	5.96	7.83	7.32
Total	3,473,996	3,589,494	3,692,001	3,786,238	3,910,117	3.32%	2.86%	2.55%	3.27%

(1) The population figures are as at March 31, calculated in July.

Continued

(2) The age group 85 & older is recalculated for the years 2007/2008 to current, to further break down the age groups to include 85-89 and 90 & older categories.

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Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2008, 2009, 2010, 2011 and 2012 [1] [2]

Gender / Age Group	Male					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 1	24,963	26,029	26,501	25,978	26,320	4.27	1.81	(1.97)	1.32
1 - 4	91,612	96,231	101,403	106,234	109,605	5.04	5.37	4.76	3.17
5 - 9	108,758	111,146	113,546	117,103	122,989	2.20	2.16	3.13	5.03
10 - 14	116,667	117,435	117,137	117,040	118,042	0.66	(0.25)	(0.08)	0.86
15 - 19	125,223	126,529	126,538	126,627	127,151	1.04	0.01	0.07	0.41
20 - 24	128,890	132,379	134,897	136,532	139,724	2.71	1.90	1.21	2.34
25 - 29	131,208	140,636	147,827	152,960	159,878	7.19	5.11	3.47	4.52
30 - 34	126,792	133,470	139,930	145,686	154,871	5.27	4.84	4.11	6.30
35 - 39	127,716	132,796	136,604	139,062	144,620	3.98	2.87	1.80	4.00
40 - 44	131,445	132,155	133,366	136,572	142,075	0.54	0.92	2.40	4.03
45 - 49	143,055	146,038	147,330	146,719	146,220	2.09	0.88	(0.41)	(0.34)
50 - 54	131,287	136,951	141,660	145,271	149,161	4.31	3.44	2.55	2.68
55 - 59	101,423	107,321	114,275	121,542	128,843	5.82	6.48	6.36	6.01
60 - 64	76,886	81,626	87,493	93,276	97,087	6.16	7.19	6.61	4.09
65 - 69	54,753	57,542	60,269	63,120	68,747	5.09	4.74	4.73	8.91
70 - 74	42,657	43,458	44,732	46,233	48,280	1.88	2.93	3.36	4.43
75 - 79	34,240	35,005	35,377	35,869	36,350	2.23	1.06	1.39	1.34
80 - 84	21,528	22,562	23,722	24,830	25,863	4.80	5.14	4.67	4.16
85 - 89	10,862	11,483	11,939	12,463	13,258	5.72	3.97	4.39	6.38
90 & Older	4,493	4,642	4,935	5,460	5,887	3.32	6.31	10.64	7.82
Total	1,734,458	1,795,434	1,849,481	1,898,577	1,964,971	3.52%	3.01%	2.65%	3.50%

(1) The population figures are as at March 31, calculated in July.

Continued...

(2) The age group 85 & older is recalculated for the years 2007/2008 to current, to further break down the age groups to include 85-89 and 90 & older categories.

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Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2008, 2009, 2010, 2011 and 2012 [1] [2]

Gender / Age Group	Female					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 1	24,028	24,703	24,835	24,479	24,813	2.81	0.53	(1.43)	1.36
1 - 4	87,640	92,209	96,798	100,895	103,746	5.21	4.98	4.23	2.83
5 - 9	103,722	106,063	108,309	111,897	117,414	2.26	2.12	3.31	4.93
10 - 14	109,733	110,567	110,930	110,787	112,111	0.76	0.33	(0.13)	1.20
15 - 19	120,104	120,591	120,313	120,266	120,324	0.41	(0.23)	(0.04)	0.05
20 - 24	128,958	133,031	135,233	136,182	138,318	3.16	1.66	0.70	1.57
25 - 29	134,092	143,078	149,838	154,913	160,425	6.70	4.72	3.39	3.56
30 - 34	125,967	132,422	138,859	144,590	153,497	5.12	4.86	4.13	6.16
35 - 39	125,960	129,275	132,130	134,680	139,783	2.63	2.21	1.93	3.79
40 - 44	131,123	130,387	130,345	132,919	136,295	(0.56)	(0.03)	1.97	2.54
45 - 49	142,293	144,903	146,057	144,144	142,569	1.83	0.80	(1.31)	(1.09)
50 - 54	127,071	131,878	136,530	140,499	144,315	3.78	3.53	2.91	2.72
55 - 59	98,302	103,647	109,622	116,630	123,385	5.44	5.76	6.39	5.79
60 - 64	76,626	81,243	86,583	91,818	94,965	6.03	6.57	6.05	3.43
65 - 69	56,079	58,916	61,537	64,235	69,841	5.06	4.45	4.38	8.73
70 - 74	45,866	46,896	48,033	49,501	51,579	2.25	2.42	3.06	4.20
75 - 79	39,847	40,151	40,506	40,943	41,373	0.76	0.88	1.08	1.05
80 - 84	30,458	31,092	31,940	32,843	33,526	2.08	2.73	2.83	2.08
85 - 89	20,174	20,918	21,328	21,783	22,238	3.69	1.96	2.13	2.09
90 & Older	11,495	12,090	12,794	13,657	14,629	5.18	5.82	6.75	7.12
Total	1,739,538	1,794,060	1,842,520	1,887,661	1,945,146	3.13%	2.70%	2.45%	3.05%

(1) The population figures are as at March 31, calculated in July.

(2) The age group 85 & older is recalculated for the years 2007/2008 to current, to further break down the age groups to include 85-89 and 90 & older categories.

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Section 2: Basic Health Services (Physicians and Allied Health Practitioners)

Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dental specialists/oral surgeons and some services provided by podiatrists and optometrists. Alberta practitioners receive fee-for-service payments and/or are paid through Alternate Relationship Plans. See Table 2.17 for information about Alternate Relationship Plans.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. Alternate Relationship Plan and Primary Care Network data are reported separately in Tables 2.17 and 2.21.

Highlights

- In Alberta, 7,015 physicians and 837 allied health practitioners received fee-for-service payments from the AHCIP during 2011-2012.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.79 per 1,000 persons, up from 1.78 per 1,000 patients.
- Of the 3,910,117 Albertans registered for coverage with the AHCIP, 80.44% (3,145,227 people) received at least one fee-for-service physician service during 2011-2012.
    - A total of 61.76% of these patients received fee-for-service physician services valued at $500 or less.
    - 19.97% of these patients received fee-for-service physician services valued at more than $1,000. Payments for these patients' services accounted for 67.38% of all fee-for-service payments to physicians.
- Office visits (assessments) and consultations accounted for 50.01% of the fee-for-service payments made to Alberta physicians in 2011-2012. These services accounted for 77.16% of the fee-for-service payments made to general/family physicians.
- 17.32% of Alberta's population, (677,314 people), obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2011-2012.
- Health and Wellness spent $53,094,035 on optometry and podiatry services in 2011-2012. Coverage for these services is not required by the *Canada Health Act*.
- A total of $18,215,775 was spent on optometry care for Alberta's children in 2011-2012.

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- The AHCIP paid fee-for-service totalling $2,509,547,261 to Alberta physicians and allied health practitioners in 2011-2012. This figure represents a 6.54% increase compared to 2010-2011.
- In 2011-2012, the average total fee-for-service payment per Alberta physician was $349,274 (2.29% higher than it was in 2010-2011). This brought the median payment to $282,214 (an increase of 1.02% compared to 2010-2011).
- A total of 1,423 physicians each received more than $500,000 in fee-for-service payments in 2011-2012. This represents an increase of 119 physicians compared to 2010-2011. Of the 1,423 physicians, 422 were general/family physicians, an increase of 31 over 2010-2011.
- Of the 1,423 physicians, a total of 272 physicians each received more than $1 million in fee-for-service payments in 2011-2012. Fifty (50) of the 272 physicians received more than $2 million. In 2010-2011, there were 243 physicians who received more than $1 million and 42 received more than $2 million in fee-for-service payments.
- In 2011-2012, a total of 1,717 physicians participated in Alternate Relationship Plans, up from 1,688 in 2010-2011. A total of $277,289,363 was spent on Alternate Relationship Plan expenditures.
- Forty (40) Primary Care Networks operated in the five continuum health zones as of March 31, 2012, up from 39. These 40 Primary Care Networks involved a total of 2,483 physicians who provided services to 2,806,926 patients.

Charts and Figures

2011 - 2012 Fee-For-Service Payments and Percentage Change

Practitioner Type	Overall Fee-For-Service Payments	Percentage Change from 2010/2011 to 2011/2012
Physicians*	$2,450,159,476	6.41
Dental Specialists/Oral Surgeons	6,293,750	9.51
Optometrists	43,307,665	13.58
Podiatrists	9,786,370	6.19
Total	**$2,509,547,261**	**6.54**

*$7.8 million of the overall payments made by the AHCIP to physicians were for pathology services (see Explanatory Notes).

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2011 - 2012 Practitioners Who Submitted Fee-For-Service Claims and Percentage Change		
Practitioner Type	Number of Practitioners	Percentage Change from 2010/2011 to 2011/2012
Physicians	7,015	4.03
Dental Specialists/Oral Surgeons	218	5.31
Optometrists	557	6.30
Podiatrists	62	3.33
Total	**7,852**	**4.22**

Figure 2
Average Fee-For-Service Payments per Person to Physicians for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2011 to March 31, 2012

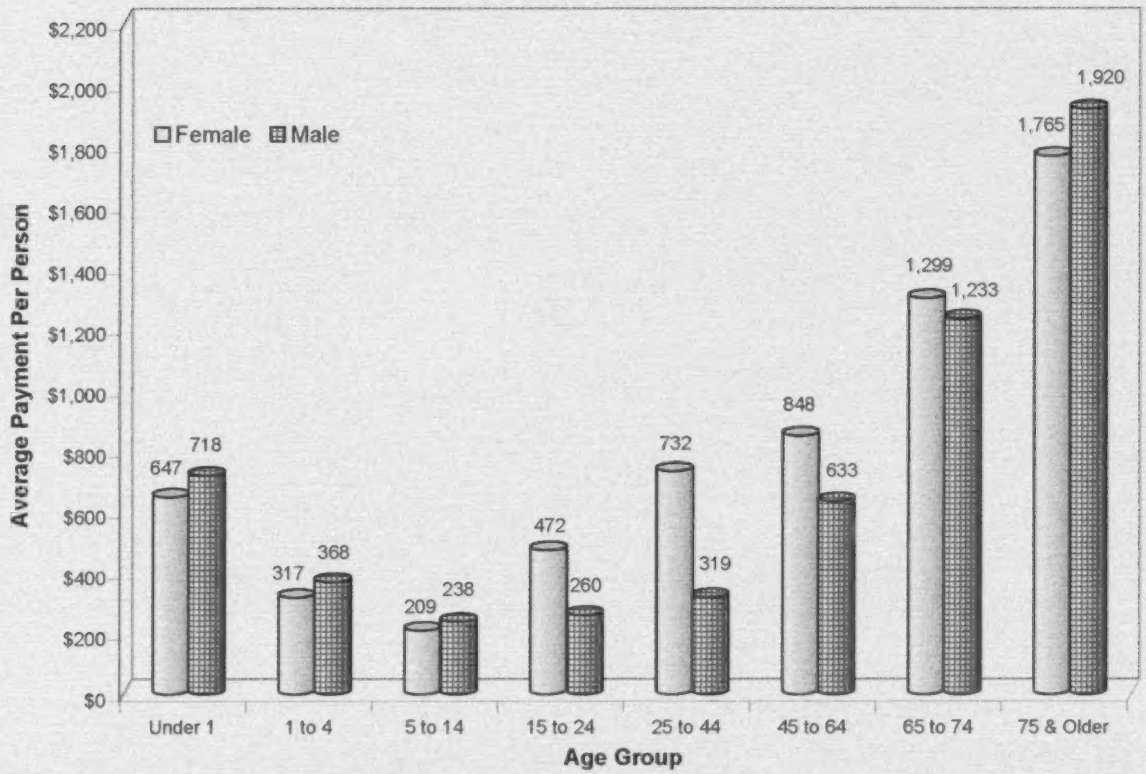

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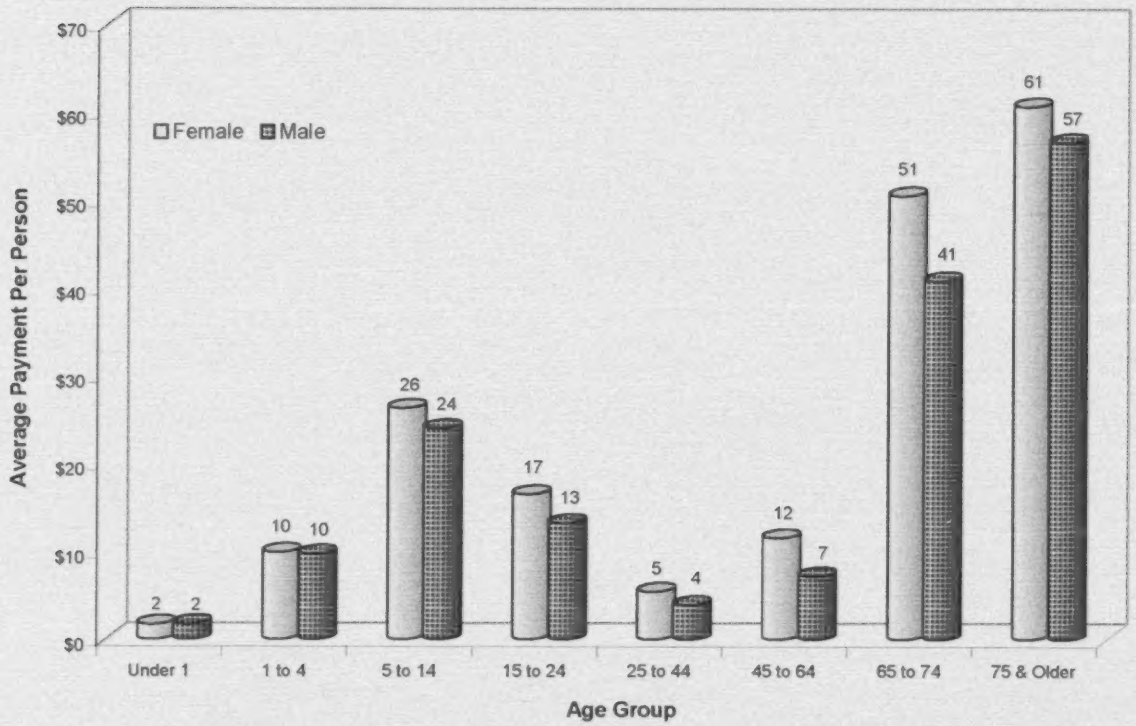
Figure 3
Average Fee-For-Service Payments per Person to Allied Health Practitioners for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2011 to March 31, 2012



2011 - 2012 Fee-For-Service Cost per Patient by Practitioner Type and Percentage Change

Practitioner Type	Average Fee-For-Service Cost/Patient	Percentage Change from 2010/2011 to 2011/2012
Physicians	$779.01	3.83
Dental Specialists/Oral Surgeons	461.99	5.63
Optometrists	73.60	3.37
Podiatrists	94.98	3.02
Total based on averages	**$778.92**	**3.89**

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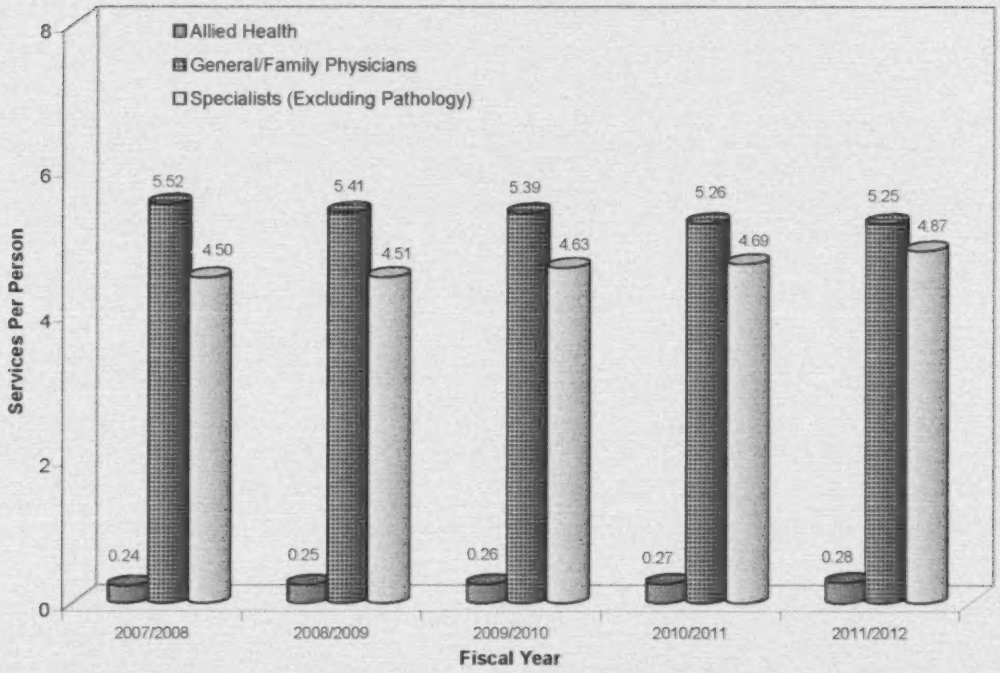
Figure 4
Average Number of Services per Person
for Basic Health Services
for the Fiscal Years Ended March 31, 2008 to March 31, 2012



Explanatory Notes

Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

Pathology Services

Alberta Health Services pays for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests, are paid for by the AHCIP.

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to those of other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

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Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses, and payments reported in this document do not depict other sources of income or benefit programs which may include some of the following:

- Workers' Compensation Board, third party medicals, and for services not covered by the AHCIP;
- salaried positions and contractual arrangements with Alberta Health Services or private employers;
- payments for services rendered to non-Albertans are not included;
- Alternate Relationship Programs: Sessional, Contractual, Academic, Capitation;
- Medical Liability Reimbursement Program;
- Retention Benefit Program;
- Continuing Medical Education Benefit Program;
- Physician On-Call Program that compensates physicians being on-call;
- Clinical Stabilization Initiative that provides funding for business expenses and retention of physicians;
- The Physician Office System Program that provides funds for electronic office equipment;
- Performance and Diligence Indicator Fund that compensates family physicians who meet specific performance targets;
- Compassionate Expense Program;
- Parental Leave Program;
- Federal Government Funding: e.g. travel to and from reserves for First Nation services; and
- through per capita funding of Primary Care Networks.

Under special circumstances, physicians may also claim and be paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2011-2012. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternate Relationship Plan data are reported separately from fee-for-service data (Table 2.17).

Over the past five years, a number of manual payments have been made.

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Manual payments totalling $37,704,829 made to Alberta physicians for the service period April 1, 2007 to June 30, 2007, are not included in the data. These payments were made to address the 4.50% fee increase negotiated through the *Master Agreement* implemented retroactively to April 1, 2007.

Manual payments totalling $57,264,523 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data. These payments were made as part of the 4.90% fee increase negotiated through the *Master Agreement*.

Manual payments totalling $2,974,824 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data. These payments were made as part of the 5.00% fee increase negotiated through the *Master Agreement*.

The Clinical Stabilization Initiative is part of the *Amending Agreement to the Tri-Lateral Master Agreement* for physicians. Effective September 1, 2007, the Clinical Stabilization Initiative was established to address three specific emergent issues:

- Business Cost Program - addresses the rising cost of medical practices in Alberta
- Rural Remote Northern Program - addresses the challenges of recruiting physicians to live and practise in rural, remote and northern areas of the province
    - Communities in Crisis - addresses the challenges of recruiting physicians to live and practise in communities in crisis

Manual payments for the Clinical Stabilization Initiative, totalling $53,527,896 made to Alberta physicians for the service period September 1, 2007 to March 31, 2008, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $90,652,998 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $96,490,752 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $97,789,200 made to Alberta physicians for the service period April 1, 2010 to March 31, 2011, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $104,491,989 made to Alberta physicians for the service period April 1, 2011 to March 31, 2012, are not included in the data.

Practitioner
Practitioner refers to physicians and allied health practitioners (dental specialists/oral surgeons, optometrists and podiatrists) who received fee-for-service payments from the AHCIP.

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Reporting Dates
Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date of service to submit claims to the AHCIP for payment.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Types of Service
The types of service reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.

Optometry Services
Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. Routine eye exams for Albertans 19 to 64 years of age are not covered by the AHCIP.

Manual payments totalling $911,581 made to Alberta optometrists for the service period April 1, 2007 to September 30, 2007, are not included in the data. These payments were made to address the 8.70% increase negotiated through the *Master Agreement* and implemented retroactively to April 1, 2007.

Manual payments totalling $3,023,303 made to Alberta optometrists for the service period April 1, 2008 to February 28, 2009, are not included in the data.

Manual payments totalling $168,770 made to Alberta optometrists for the service period April 1, 2009 to March 31, 2010, are not included in the data.

Podiatry Services
Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of $250.

On June 1, 2006, a new Schedule of Podiatric Surgery Benefits was implemented. Services under the new schedule are fully covered by the AHCIP, if the surgeries are provided by a podiatrist in a hospital or non-hospital surgical facility under contract to Alberta Health Services.

Chiropractic Services
As of July 1, 2009, chiropractic services were no longer covered under the AHCIP. Tables 2.1, 2.4, 2.6, 2.7 and Figure 4 have been recalculated to exclude chiropractic data from 2007 to 2009 for ease of year-to-year comparison.

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Table 2.1
Medical and Allied Health Practitioners: Selected Indicators for the Service Years Ended March 31, 2008 to March 31, 2012 [1]

Indicators	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
REGISTRATIONS					
Population Covered	3,473,996	3,589,494	3,692,001	3,786,238	3,910,117
Number of Discrete Physician Patients [2]	2,911,621	2,968,190	3,037,953	3,068,772	3,145,227
Number of Discrete Patients per Physician	481	474	469	455	448
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	35,054,154	35,838,334	37,310,962	37,952,270	39,892,223
Number of Physicians	6,058	6,266	6,482	6,743	7,015
Number of Physicians per 1,000 Persons	1.74	1.75	1.76	1.78	1.79
Number of Services per Physician	5,786	5,719	5,756	5,628	5,687
Number of Services per 1,000 Persons	10,090	9,984	10,106	10,024	10,202
Total Physician Payments	$1,718,717,023	$1,851,703,042	$2,133,199,354	$2,302,481,210	$2,450,159,476
Physician Payment per 1,000 Persons	$494,738	$515,867	$577,789	$608,118	$626,621
Average Payment per Physician	$283,710	$295,516	$329,096	$341,462	$349,274
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	34,798,954	35,582,067	37,020,673	37,652,774	39,571,619
Number of Physicians	6,038	6,245	6,463	6,722	6,996
Number of Physicians per 1,000 Persons	1.74	1.74	1.75	1.78	1.79
Number of Services per Physician	5,763	5,698	5,728	5,601	5,656
Number of Services per 1,000 Persons	10,017	9,913	10,027	9,945	10,120
Total Physician Payments	$1,713,185,942	$1,845,886,009	$2,126,247,001	$2,295,183,380	$2,442,382,913
Physician Payment per 1,000 Persons	$493,146	$514,247	$575,906	$606,191	$624,632
Average Payment per Physician	$283,734	$295,578	$328,988	$341,444	$349,111
ALLIED HEALTH PRACTITIONER SUMMARY					
Number of Allied Health Services Provided	828,634	910,177	959,086	1,013,407	1,112,167
Number of Allied Health Practitioners	696	718	758	791	837
Number of Allied Health Practitioners per 1,000 Persons	0.20	0.20	0.21	0.21	0.21
Number of Services per Allied Health Practitioner	1,191	1,268	1,265	1,281	1,329
Number of Discrete Allied Health Patients [3]	506,764	565,393	595,008	623,565	677,314
Number of Discrete Patients per Allied Health Practitioner	728	787	785	788	809
Total Payments to Allied Health Practitioners	$34,795,774	$40,231,043	$47,872,869	$53,094,539	$59,387,785
Allied Health Practitioner Payment per 1,000 Persons	$10,016	$11,208	$12,967	$14,023	$15,188
Average Payment per Allied Health Practitioner	$49,994	$56,032	$63,157	$67,123	$70,953

Continued

Note: This table reflects fee-for-service data only.

(1) Numbers have been recalculated to exclude chiropractors from 2007/2008 to 2009/2010.

(2) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(3) Number of Discrete Allied Health Patients represents the actual count of patients receiving at least one service from an allied health practitioner.

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Table 2.1
Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2008 to March 31, 2012 [1]

Indicators	Percentage Change			
	2009/2008	2010/2009	2011/2010	2012/2011
REGISTRATIONS				
Population Covered	3.32%	2.86%	2.55%	3.27%
Number of Discrete Physician Patients [2]	1.94	2.35	1.01	2.49
Number of Discrete Patients per Physician	(1.46)	(1.05)	(2.99)	(1.54)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	2.24	4.11	1.72	5.11
Number of Physicians	3.43	3.45	4.03	4.03
Number of Physicians per 1,000 Persons	0.57	0.57	1.14	0.56
Number of Services per Physician	(1.16)	0.64	(2.22)	1.04
Number of Services per 1,000 Persons	(1.05)	1.22	(0.81)	1.78
Total Physician Payments	7.74	15.20	7.94	6.41
Physician Payment per 1,000 Persons	4.27	12.00	5.25	3.04
Average Payment per Physician	4.16	11.36	3.76	2.29
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	2.25	4.04	1.71	5.10
Number of Physicians	3.43	3.49	4.01	4.08
Number of Physicians per 1,000 Persons	0.00	0.57	1.71	0.56
Number of Services per Physician	(1.14)	0.53	(2.21)	0.98
Number of Services per 1,000 Persons	(1.04)	1.15	(0.82)	1.77
Total Physician Payments	7.75	15.19	7.95	6.41
Physician Payment per 1,000 Persons	4.28	11.99	5.26	3.04
Average Payment per Physician	4.17	11.30	3.79	2.25
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	9.84	5.37	5.66	9.75
Number of Allied Practitioners	3.16	5.57	4.35	5.82
Number of Allied Practitioners per 1,000 Persons	0.00	5.00	0.00	0.00
Number of Services per Allied Practitioner	6.48	(0.19)	1.26	3.71
Number of Discrete Allied Patients [3]	11.57	5.24	4.80	8.62
Number of Discrete Patients per Allied Practitioner	8.15	(0.32)	0.43	2.65
Total Payments to Allied Practitioners	15.62	18.99	10.91	11.85
Allied Practitioner Payment per 1,000 Persons	11.90	15.69	8.15	8.31
Average Payment per Allied Practitioner	12.08	12.72	6.28	5.71

Note: This table reflects fee-for-service data only.

(1) Numbers have been recalculated to exclude chiropractors from 2007/2008 to 2009/2010.

(2) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(3) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

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Table 2.1A
Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2011 to March 31, 2012 [1]

Practitioner Type	Service Category	Number of Services	Total Payments
Dental Specialists/Oral Surgeons	Procedure	14,753	$5,789,715
	Visit	6,031	504,035
Optometrists	Visit	782,911	43,307,665
Podiatrists	Procedure	70,848	2,911,101
	Test (x-ray)	13,889	198,275
	Visit	223,735	6,676,994
Total		1,112,167	$59,387,785

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.

Table 2.2
Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2008 to March 31, 2012

Physician	Number of Physicians					Percentage Change			
Age Group	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 30	103	104	115	128	116	0.97	10.58	11.30	(9.38)
30 - 34	646	667	676	701	738	3.25	1.35	3.70	5.28
35 - 39	964	975	993	980	1,002	1.14	1.85	(1.31)	2.24
40 - 44	869	891	921	995	1,056	2.53	3.37	8.03	6.13
45 - 49	878	899	890	931	972	2.39	(1.00)	4.61	4.40
50 - 54	991	970	972	962	957	(2.12)	0.21	(1.03)	(0.52)
55 - 59	692	755	814	847	897	9.10	7.81	4.05	5.90
60 - 64	421	461	516	570	618	9.50	11.93	10.47	8.42
65 & Over	494	544	585	629	659	10.12	7.54	7.52	4.77
Total	6,058	6,266	6,482	6,743	7,015	3.43%	3.45%	4.03%	4.03%

Physician	Average Payments					Percentage Change			
Age Group	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 30	$164,634	$177,010	$184,814	$204,386	$221,758	7.52	4.41	10.59	8.50
30 - 34	230,354	226,333	243,742	264,015	271,973	(1.75)	7.69	8.32	3.01
35 - 39	287,914	295,418	322,524	339,908	350,593	2.61	9.18	5.39	3.14
40 - 44	285,660	305,093	351,937	359,781	377,262	6.80	15.35	2.23	4.86
45 - 49	298,286	312,252	345,578	358,485	366,857	4.68	10.67	3.73	2.34
50 - 54	316,515	333,888	358,656	366,766	361,904	5.49	7.42	2.26	(1.33)
55 - 59	333,915	352,001	398,120	404,133	414,710	5.42	13.10	1.51	2.62
60 - 64	294,671	313,318	365,702	384,221	382,606	6.33	16.72	5.06	(0.42)
65 & Over	195,297	197,928	228,763	242,079	246,835	1.35	15.58	5.82	1.96
Total	$283,710	$295,516	$329,096	$341,462	$349,274	4.16%	11.36%	3.76%	2.29%

Note: This table reflects fee-for-service data only.

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Table 2.2A
Number of Dental Specialists/Oral Surgeons and Average Payments to Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2008 to March 31, 2012

Dental Specialists/Oral Surgeons Age Group	Number of Dental Specialists/Oral Surgeons					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 30	4	3	8	11	10	(25.00)	166.67	37.50	(9.09)
30 - 34	19	21	17	19	19	10.53	(19.05)	11.76	0.00
35 - 39	30	24	22	21	33	(20.00)	(8.33)	(4.55)	57.14
40 - 44	41	45	44	35	29	9.76	(2.22)	(20.45)	(17.14)
45 - 49	36	29	33	32	36	(19.44)	13.79	(3.03)	12.50
50 - 54	32	32	38	36	31	0.00	18.75	(5.26)	(13.89)
55 - 59	24	26	26	25	30	8.33	0.00	(3.85)	20.00
60 - 64	16	17	17	21	20	6.25	0.00	23.53	(4.76)
65 & Over	5	5	7	7	10	0.00	40.00	0.00	42.86
Total	207	202	212	207	218	-2.42%	4.95%	-2.36%	5.31%

Dental Specialists/Oral Surgeons Age Group	Average Payments					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 30	$896	$1,103	$834	$909	$3,537	23.03	(24.35)	8.91	289.26
30 - 34	6,884	8,728	16,797	9,337	8,992	26.79	92.44	(44.41)	(3.70)
35 - 39	20,772	20,966	17,763	30,616	25,017	0.93	(15.27)	72.36	(18.29)
40 - 44	5,933	13,160	20,908	38,951	46,382	121.81	58.88	86.30	19.08
45 - 49	25,917	34,625	30,490	37,591	35,316	33.60	(11.94)	23.29	(6.05)
50 - 54	25,843	29,899	23,401	11,685	17,006	15.69	(21.73)	(50.07)	45.54
55 - 59	35,877	35,899	35,870	39,566	32,741	0.06	(0.08)	10.30	(17.25)
60 - 64	16,015	16,000	20,233	42,862	51,972	(0.09)	26.45	111.84	21.25
65 & Over	7,181	6,298	10,355	5,796	9,665	(12.29)	64.42	(44.03)	66.75
Total	$18,908	$22,177	$22,865	$27,763	$28,870	17.29%	3.10%	21.42%	3.99%

Note: This table reflects fee-for-service data only.

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Table 2.2B
Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2008 to March 31, 2012

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 30	68	80	81	87	103	17.65	1.25	7.41	18.39
30 - 34	91	94	102	113	121	3.30	8.51	10.78	7.08
35 - 39	85	84	93	100	102	(1.18)	10.71	7.53	2.00
40 - 44	38	46	58	68	70	21.05	26.09	17.24	2.94
45 - 49	30	28	29	29	36	(6.67)	3.57	0.00	24.14
50 - 54	41	42	36	35	33	2.44	(14.29)	(2.78)	(5.71)
55 - 59	32	35	35	37	38	9.38	0.00	5.71	2.70
60 - 64	28	28	26	27	25	0.00	(7.14)	3.85	(7.41)
65 & Over	21	21	26	28	29	0.00	23.81	7.69	3.57
Total	434	458	486	524	557	5.53%	6.11%	7.82%	6.30%

Optometrist Age Group	Average Payments					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 30	$40,371	$47,619	$56,896	$56,382	$58,207	17.95	19.48	(0.90)	3.24
30 - 34	57,050	64,002	71,394	70,060	78,731	12.19	11.55	(1.87)	12.38
35 - 39	51,717	64,662	73,326	78,398	83,739	25.03	13.40	6.92	6.81
40 - 44	52,610	59,986	76,253	80,916	86,077	14.02	27.12	6.12	6.38
45 - 49	58,176	67,399	74,680	82,139	84,919	15.85	10.80	9.99	3.38
50 - 54	69,394	75,581	82,441	86,946	88,651	8.92	9.08	5.47	1.96
55 - 59	48,554	62,395	75,207	85,051	99,290	28.51	20.53	13.09	16.74
60 - 64	55,926	50,412	73,309	74,397	79,468	(9.86)	45.42	1.48	6.82
65 & Over	28,420	35,809	44,628	49,521	50,925	26.00	24.63	10.97	2.83
Total	$52,163	$59,881	$70,627	$72,770	$77,752	14.80%	17.95%	3.03%	6.85%

Note: This table reflects fee-for-service data only.

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Table 2.2C
Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2008 to March 31, 2012

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 35	7	7	7	4	2	0.00	0.00	(42.86)	(50.00)
35 - 39	12	10	7	8	11	(16.67)	(30.00)	14.29	37.50
40 - 44	14	16	18	17	19	14.29	12.50	(5.56)	11.76
45 - 49	7	10	12	15	12	42.86	20.00	25.00	(20.00)
50 - 54	6	6	8	7	8	0.00	33.33	(12.50)	14.29
55 & Over	9	9	8	9	10	0.00	(11.11)	12.50	11.11
Total	55	58	60	60	62	5.45%	3.45%	0.00%	3.33%

Podiatrist Age Group	Average Payments					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Under 35	$107,353	$102,447	$92,420	$114,002	$109,461	(4.57)	(9.79)	23.35	(3.98)
35 - 39	171,738	139,007	132,762	122,736	110,605	(19.06)	(4.49)	(7.55)	(9.88)
40 - 44	181,302	193,938	182,676	190,930	183,270	6.97	(5.81)	4.52	(4.01)
45 - 49	153,672	152,515	171,505	186,997	194,801	(0.75)	12.45	9.03	4.17
50 - 54	110,876	98,646	112,137	120,715	180,760	(11.03)	13.68	7.65	49.74
55 & Over	127,943	110,947	110,109	98,040	108,498	(13.28)	(0.75)	(10.96)	10.67
Total	$149,873	$143,547	$145,008	$153,600	$157,845	-4.22%	1.02%	5.93%	2.76%

Note: This table reflects fee-for-service data only.

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Table 2.3
Distribution of Physician and Allied Health Practitioner Payments and Services per Patient for the Service Year April 1, 2011 to March 31, 2012 (1)

Practitioner Type	Total Payments	Number of Services	Average Cost per Service	Number of Discrete Patients (2)	Average Cost Per Discrete Patient	Average Number of Services Per Discrete Patient
Physicians	$2,450,159,476	39,892,223	61.42	3,145,227	$779.01	12.7
Dental Specialists/Oral Surgeons	6,293,750	20,784	302.82	13,623	461.99	1.5
Optometrists	43,307,665	782,911	55.32	588,435	73.60	1.3
Podiatrists	9,786,370	308,472	31.73	103,035	94.98	3.0
Total	$2,509,547,261	41,004,390		3,221,819		
Averages Based on Totals			$61.20		$778.92	12.7

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.
(2) Number of Discrete Patients contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Health Practitioners for the Service Years Ended March 31, 2008 to March 31, 2012 (1)

Practitioner Type	Number of Services					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Physicians	35,054,154	35,838,334	37,310,962	37,952,270	39,892,223	2.24%	4.11%	1.72%	5.11%
Dental Specialists/Oral Surgeons	16,769	18,075	18,963	21,052	20,784	7.79	4.91	11.02	(1.27)
Optometrists	518,584	602,073	646,171	690,974	782,911	16.10	7.32	6.93	13.31
Podiatrists	293,281	290,029	293,952	301,381	308,472	(1.11)	1.35	2.53	2.35
Total	35,882,788	36,748,511	38,270,048	38,965,677	41,004,390	2.41%	4.14%	1.82%	5.23%

Note: This table reflects fee-for-service data only.
(1) Numbers have been recalculated to exclude chiropractors from 2007/2008 to 2009/2010.

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Table 2.5A
Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2008 to March 31, 2012

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2007/2008	$12,734,895	296,937	$42.89	264,947	$48.07	1.12	862,884
2008/2009	13,998,585	311,986	44.87	277,508	50.44	1.12	879,601
2009/2010	15,762,021	320,429	49.19	283,634	55.57	1.13	894,837
2010/2011	17,007,831	331,343	51.33	291,939	58.26	1.13	909,719
2011/2012	$18,215,775	353,626	$51.51	308,471	$59.05	1.15	930,958

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5B
Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2008 to March 31, 2012

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2007/2008	$1,083,288	26,054	$41.58	20,065	$53.99	1.30	2,238,660
2008/2009	3,338,666	80,401	41.53	57,655	57.91	1.39	2,325,138
2009/2010	4,578,680	101,222	45.23	71,420	64.11	1.42	2,400,052
2010/2011	5,769,500	122,189	47.22	84,406	68.35	1.45	2,465,582
2011/2012	$7,389,420	155,391	$47.55	106,344	$69.49	1.46	2,547,588

Note: This table reflects fee-for-service data only.
(1) Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. However, routine eye exams for Albertans age 19 to 64 years of age are not covered.
(2) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5C
Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2008 to March 31, 2012

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2007/2008	$8,820,617	195,593	$45.10	135,981	$64.87	1.44	372,452
2008/2009	10,088,319	209,686	48.11	144,720	69.71	1.45	384,755
2009/2010	13,984,233	224,520	62.29	153,674	91.00	1.46	397,112
2010/2011	15,354,154	237,442	64.66	159,677	96.16	1.49	410,937
2011/2012	$17,702,469	273,894	$64.63	174,174	$101.64	1.57	431,571

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

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Table 2.6
Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2008 to March 31, 2012 [1] [2]

Practitioner Type	Number of Practitioners					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Physicians	6,058	6,266	6,482	6,743	7,015	3.43	3.45	4.03	4.03
Dental Specialists/Oral Surgeons	207	202	212	207	218	(2.42)	4.95	(2.36)	5.31
Optometrists	434	458	486	524	557	5.53	6.11	7.82	6.30
Podiatrists	55	58	60	60	62	5.45	3.45	0.00	3.33
Total	6,754	6,984	7,240	7,534	7,852	3.41%	3.67%	4.06%	4.22%

Practitioner Type	Total Payments					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Physicians	$1,718,717,023	$1,851,703,042	$2,133,199,354	$2,302,481,210	$2,450,159,476	7.74	15.20	7.94	6.41
Dental Specialists/Oral Surgeons	3,913,975	4,479,725	4,847,467	5,747,026	6,293,750	14.45	8.21	18.56	9.51
Optometrists	22,638,799	27,425,569	34,324,934	38,131,485	43,307,665	21.14	25.16	11.09	13.57
Podiatrists	8,243,000	8,325,748	8,700,467	9,216,028	9,786,370	1.00	4.50	5.93	6.19
Total	$1,753,512,797	$1,891,934,086	$2,181,072,223	$2,355,575,748	$2,509,547,261	7.89%	15.28%	8.00%	6.54%

Practitioner Type	Average Payment					Percentage Change			
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Physicians	$283,710	$295,516	$329,096	$341,462	$349,274	4.16	11.36	3.76	2.29
Dental Specialists/Oral Surgeons	18,908	22,177	22,865	27,763	28,870	17.29	3.10	21.42	3.99
Optometrists	52,163	59,881	70,627	72,770	77,752	14.80	17.95	3.03	6.85
Podiatrists	149,873	143,547	145,008	153,600	157,845	(4.22)	1.02	5.93	2.76
Total	$259,626	$270,895	$301,253	$312,659	$319,606	4.34%	11.21%	3.79%	2.22%

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

(2) Numbers have been recalculated to exclude chiropractors from 2007/2008 to 2009/2010.

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Table 2.7
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2008 to March 31, 2012 (1) (2) (3)

Dollar Range	Total					Physicians					Dental Specialists/Oral Surgeons				
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Less than $10,000	558	582	590	592	602	350	389	388	395	402	171	166	173	174	179
10,000 - 19,999	191	223	172	167	195	141	180	137	134	147	8	8	10	1	10
20,000 - 39,999	347	336	312	329	303	254	242	229	236	223	5	5	7	8	6
40,000 - 59,999	334	293	297	322	317	224	191	216	222	222	1	1	2	2	
60,000 - 79,999	335	303	312	302	335	235	194	206	207	238	6	4		1	1
80,000 - 99,999	258	305	294	282	303	209	239	201	198	202	2	4	3	2	3
100,000 - 119,999	248	272	238	250	255	223	230	186	190	189	4	4	4	3	3
120,000 - 139,999	247	227	246	274	251	228	210	211	225	204	1	1	3	4	2
140,000 - 159,999	266	261	224	219	247	254	243	194	196	210	1	1	2		3
160,000 - 179,999	251	265	241	243	238	243	256	228	223	218	2	1	1	3	2
180,000 - 199,999	249	240	229	228	254	245	233	221	221	240	1	1	2		
200,000 - 299,999	1,231	1,211	1,174	1,197	1,248	1,217	1199	1164	1179	1228	3	2		4	3
300,000 - 399,999	943	983	1,017	1,039	1,041	940	979	1011	1034	1038	1	3	3	1	1
400,000 - 499,999	547	617	711	785	836	547	616	708	779	831			1	3	3
500,000 - 599,999	284	302	433	450	494	283	302	433	450	491	1				1
600,000 - 699,999	147	183	223	247	283	147	183	223	247	283					
700,000 - 799,999	87	114	166	191	189	87	113	165	191	189		1	1		
800,000 - 899,999	47	60	97	112	114	47	60	97	112	114					
900,000 - 999,999	34	53	63	62	74	34	53	63	61	74				1	
1,000,000 - 1,999,999	127	129	168	201	223	127	129	168	201	222					1
2,000,000 & Over	23	25	33	42	50	23	25	33	42	50					
Total	6,754	6,984	7,240	7,534	7,852	6,058	6,266	6,482	6,743	7,015	207	202	212	207	218

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) Numbers have been recalculated to exclude chiropractors from 2007/2008 to 2009/2010.

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Table 2.7
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2008 to March 31, 2012[1][2][3]

Dollar Range	Optometrists					Podiatrists				
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Less than $10,000	36	27	29	23	20	1				1
10,000 - 19,999	42	34	25	32	38		1			
20,000 - 39,999	86	85	74	84	73	2	4	2	1	1
40,000 - 59,999	107	98	77	94	92	2	3	2	4	3
60,000 - 79,999	91	100	97	90	90	3	5	9	4	6
80,000 - 99,999	43	58	86	78	94	4	4	4	4	4
100,000 - 119,999	14	32	41	49	54	7	6	7	8	9
120,000 - 139,999	10	8	24	32	38	8	8	8	13	7
140,000 - 159,999	3	8	17	16	28	8	9	11	7	6
160,000 - 179,999	1	4	8	11	10	5	4	4	6	8
180,000 - 199,999		2	2	7	11	3	4	4		3
200,000 - 299,999	1	2	5	6	7	10	8	5	8	10
300,000 - 399,999			1	1	1	2	1	2	3	1
400,000 - 499,999				1			1	2	2	2
500,000 - 599,999					1					1
600,000 - 699,999										
700,000 - 799,999										
800,000 - 899,999										
900,000 - 999,999										
1,000,000 - 1,999,999										
2,000,000 & Over										
Total	434	458	486	524	557	55	58	60	60	62

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) Numbers have been recalculated to exclude chiropractors from 2007/2008 to 2009/2010.

Table 2.8
Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2008 to March 31, 2012

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2007/2008	$1,718,717,023	35,054,154	$49.03	2,911,621	$590.30	12.04	3,473,996
2008/2009	1,851,703,042	35,838,334	51.67	2,968,190	623.85	12.07	3,589,494
2009/2010	2,133,199,354	37,310,962	57.17	3,037,953	702.18	12.28	3,692,001
2010/2011	2,302,481,210	37,952,270	60.67	3,068,772	750.29	12.37	3,786,238
2011/2012	$2,450,159,476	39,892,223	$61.42	3,145,227	$779.01	12.68	3,910,117
Percentage Change 2012/2011	6.41	5.11	1.24	2.49	3.83	2.56	3.27
Annual Average Percentage Change for Last 5 Years	9.27	3.28	5.79	1.95	7.18	1.31	3.00

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

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Table 2.9
Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2011 to March 31, 2012

Dollar Range	Distribution of		
	Discrete Patients [1]	Payments	Services
$ 0.01 - 50.00	237,648	$8,500,896	242,411
50.01 - 100.00	312,634	23,132,560	501,957
100.01 - 200.00	536,231	78,453,791	1,576,133
200.01 - 300.00	365,978	90,671,653	1,708,671
300.01 - 400.00	274,531	95,512,377	1,747,339
400.01 - 500.00	215,546	96,601,696	1,749,727
500.01 - 600.00	168,641	92,421,541	1,657,275
600.01 - 700.00	134,488	87,177,093	1,537,070
700.01 - 800.00	109,287	81,773,386	1,426,341
800.01 - 900.00	88,673	75,224,168	1,295,901
900.01 - 1,000.00	73,563	69,762,392	1,194,513
1,000.01 - 2,000.00	353,020	492,560,801	8,054,527
2,000.01 - 3,000.00	125,450	304,955,142	4,608,697
3,000.01 - 4,000.00	60,034	206,876,047	3,041,583
4,000.01 - 5,000.00	31,954	142,263,766	2,088,520
5,000.01 & Over	57,549	504,272,168	7,461,558
Total	3,145,227	$2,450,159,476	39,892,223

Note: This table reflects fee-for-service data only.

(1) Discrete Patients contains the actual count of patients who received at least one medical service during the fiscal year.

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Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2011 to March 31, 2012

Dollar Range	Percentage Distribution		
	Discrete Patients (1)	Payments	Services
$ 0.01 - 50.00	7.56	0.35	0.61
50.01 - 100.00	9.94	0.94	1.26
100.01 - 200.00	17.05	3.20	3.95
200.01 - 300.00	11.64	3.70	4.28
300.01 - 400.00	8.73	3.90	4.38
400.01 - 500.00	6.85	3.94	4.39
500.01 - 600.00	5.36	3.77	4.15
600.01 - 700.00	4.28	3.56	3.85
700.01 - 800.00	3.47	3.34	3.58
800.01 - 900.00	2.82	3.07	3.25
900.01 - 1,000.00	2.34	2.85	2.99
1,000.01 - 2,000.00	11.22	20.10	20.19
2,000.01 - 3,000.00	3.99	12.45	11.55
3,000.01 - 4,000.00	1.91	8.44	7.62
4,000.01 - 5,000.00	1.02	5.81	5.24
5,000.01 & Over	1.83	20.58	18.70
Total	100.00	100.00	100.00

Note: This table reflects fee-for-service data only.

(1) Discrete Patients contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.

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Table 2.10
Distribution of Physicians by Specialty
for the Service Years Ended March 31, 2008 to March 31, 2012

Physicians by Specialty	Number of Physicians				
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Total: All Physicians	6,058	6,266	6,482	6,743	7,015
Subtotal:					
All Physicians (except Pathology)	6,038	6,245	6,463	6,722	6,996
All Specialists (except GP/FPs & Pathology)	2,677	2,753	2,845	2,952	3,089
Physicians by Specialty					
Anaesthesiology	312	323	345	360	385
Cardiovascular and Thoracic Surgery	29	22	23	22	22
Dermatology	39	39	39	44	45
Emergency Medicine	79	84	92	101	108
General/Family Physicians (GP/FPs)	3,361	3,492	3,618	3,770	3,907
- General/Family Physicians	3,145	3,274	3,394	3,537	3,667
- Full-Time Emergency Room Physicians	182	189	195	200	209
- Mental Health Generalists	19	15	15	17	16
- Other General Practice Physicians [(1)]	15	14	14	16	15
General Surgery	170	170	180	184	193
- General Surgery designated specialty	155	156	165	168	175
- Other General Surgery	15	14	15	16	18
Internal Medicine	513	569	565	571	597
- Internal Medicine designated specialty	227	244	243	253	278
- Cardiology	62	71	74	77	74
- Endocrinology/Metabolism	3	3	2	2	3
- Gastroenterology	48	52	50	51	46
- Infectious Diseases	18	19	16	16	18
- Other Internal Medicine	155	180	180	172	178
Neurology	71	45	42	50	47
Neurosurgery	12	10	12	11	16
Obstetrics-Gynaecology	168	171	184	188	196
Ophthalmology	97	102	106	110	113
Orthopaedic Surgery	132	133	138	146	147
Otolaryngology	51	55	54	57	63
Paediatrics	232	219	247	256	268
Physical Medicine & Rehabilitation	32	34	30	32	34
Plastic Surgery	49	51	51	53	55
Psychiatry	372	387	396	407	423
Urology	48	49	47	46	48
Laboratory Specialists	291	311	313	335	348
- Pathology	20	21	19	21	19
- Radiology	271	290	294	314	329

Note: This table reflects fee-for-service data only.

(1) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10A
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2008 to March 31, 2012[1]

Physicians by Specialty	Average Payment				
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Total: All Physicians	$283,710	$295,516	$329,096	$341,462	$349,274
Subtotal:					
All Physicians (except Pathology)	283,734	295,578	328,988	341,444	349,111
All Specialists (except GP/FPs & Pathology)	357,101	374,909	411,328	432,414	443,323
Physicians by Specialty					
Anaesthesiology	295,514	303,748	330,478	345,311	344,431
Cardiovascular and Thoracic Surgery	438,390	556,342	584,110	595,545	642,949
Dermatology	617,993	645,936	726,838	698,525	733,252
Emergency Medicine	227,074	229,956	258,072	256,949	271,454
General/Family Physicians (GP/FPs)	225,298	233,036	264,240	270,211	274,624
- General/Family Physicians	224,827	231,902	263,135	269,068	272,596
- Full-Time Emergency Room Physicians	248,598	262,989	294,572	305,242	319,825
- Mental Health Generalists	204,112	245,511	283,483	284,211	331,156
- Other General Practice Physicians[2]	68,360	80,618	88,973	70,140	80,536
General Surgery	354,065	379,562	414,878	434,080	437,777
- General Surgery designated specialty	355,570	378,628	415,714	434,554	440,385
- Other General Surgery	338,511	389,961	405,680	429,104	412,424
Internal Medicine	301,931	314,814	360,242	391,641	402,655
- Internal Medicine designated specialty	252,839	261,489	311,275	331,938	333,082
- Cardiology	585,500	558,214	628,161	662,653	758,117
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	289,821	323,366	374,530	391,377	445,780
- Infectious Diseases	61,044	72,056	83,434	111,520	91,166
- Other Internal Medicine	297,039	316,298	337,727	386,159	388,407
Neurology	151,029	220,684	266,795	232,845	260,971
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	415,905	440,763	440,808	455,566	449,182
Ophthalmology	708,341	710,840	761,752	876,508	956,283
Orthopaedic Surgery	339,498	372,227	401,436	415,023	439,891
Otolaryngology	466,270	457,863	498,270	517,784	510,312
Paediatrics	177,671	187,432	207,409	220,857	228,703
Physical Medicine & Rehabilitation	186,930	189,985	249,562	288,638	299,788
Plastic Surgery	366,792	382,087	409,521	414,089	433,523
Psychiatry	249,638	259,736	289,402	300,836	301,440
Urology	414,478	440,840	493,619	528,645	564,097
Laboratory Specialists	698,402	699,210	786,935	798,845	825,993
- Pathology	276,554	277,002	365,913	347,516	409,293
- Radiology	729,535	729,784	814,144	829,030	850,058

Note: This table reflects fee-for-service data only.

Continued

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10A
Distribution of Average Gross Payments Percentage Change for the Service Years Ended March 31, 2008 to March 31, 2012 [1]

Physicians by Specialty	Percentage Change			
	2009/2008	2010/2009	2011/2010	2012/2011
Total: All Physicians	4.16%	11.36%	3.76%	2.29%
Subtotal:				
All Physicians (except Pathology)	4.17	11.30	3.79	2.25
All Specialists (except GP/FPs & Pathology)	4.99	9.71	5.13	2.52
Physicians by Specialty				
Anaesthesiology	2.79	8.80	4.49	(0.25)
Cardiovascular and Thoracic Surgery	26.91	4.99	1.96	7.96
Dermatology	4.52	12.52	(3.90)	4.97
Emergency Medicine	1.27	12.23	(0.43)	5.64
General/Family Physicians (GP/FPs)	3.43	13.39	2.26	1.63
- General/Family Physicians	3.15	13.47	2.25	1.31
- Full-Time Emergency Room Physicians	5.79	12.01	3.62	4.78
- Mental Health Generalists	20.28	15.47	0.26	16.52
- Other General Practice Physicians [2]	17.93	10.36	(21.17)	14.82
General Surgery	7.20	9.30	4.63	0.85
- General Surgery designated specialty	6.48	9.79	4.53	1.34
- Other General Surgery	15.20	4.03	5.77	(3.89)
Internal Medicine	4.27	14.43	8.72	2.81
- Internal Medicine designated specialty	3.42	19.04	6.64	0.34
- Cardiology	(4.66)	12.53	5.49	14.41
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	11.57	15.82	4.50	13.90
- Infectious Diseases	18.04	15.79	33.66	(18.25)
- Other Internal Medicine	6.48	6.77	14.34	0.58
Neurology	46.12	20.89	(12.72)	12.08
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	5.96	0.01	3.35	(1.40)
Ophthalmology	0.35	7.16	15.06	9.10
Orthopaedic Surgery	9.64	7.85	3.38	5.99
Otolaryngology	(1.80)	8.83	3.92	(1.44)
Paediatrics	5.49	10.66	6.48	3.55
Physical Medicine & Rehabilitation	1.63	31.36	15.66	3.86
Plastic Surgery	4.17	7.18	1.12	4.69
Psychiatry	4.05	11.42	3.95	0.20
Urology	6.36	11.97	7.10	6.71
Laboratory Specialists	0.12	12.55	1.51	3.40
- Pathology	0.16	32.10	(5.03)	17.78
- Radiology	0.03	11.56	1.83	2.54

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10B
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2008 to March 31, 2012 [1]

Physicians by Specialty	Median Payment				
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Total: All Physicians	$233,610	$243,945	$271,762	$279,360	$282,214
Subtotal:					
All Physicians (except Pathology)	234,195	244,329	272,314	279,713	282,744
All Specialists (except GP/FPs & Pathology)	285,982	307,103	335,865	348,726	355,076
Physicians by Specialty					
Anaesthesiology	294,925	309,461	339,985	351,985	349,260
Cardiovascular and Thoracic Surgery	319,071	566,228	576,054	612,913	638,480
Dermatology	504,361	514,690	632,953	546,269	628,701
Emergency Medicine	213,476	197,644	245,450	257,156	269,863
General/Family Physicians (GP/FPs)	209,778	216,359	243,612	248,886	250,540
- General/Family Physicians	208,025	213,279	241,921	245,518	247,108
- Full-Time Emergency Room Physicians	249,928	259,653	283,583	293,306	301,251
- Mental Health Generalists	181,420	260,542	288,780	282,730	368,126
- Other General Practice Physicians [2]	21,571	30,078	30,620	15,309	23,416
General Surgery	359,201	386,927	417,476	453,766	457,597
- General Surgery designated specialty	360,751	386,927	418,591	453,766	456,016
- Other General Surgery	337,007	383,215	398,701	465,709	498,157
Internal Medicine	219,389	232,107	287,535	312,188	334,956
- Internal Medicine designated specialty	187,595	200,216	272,641	290,544	287,781
- Cardiology	612,808	527,693	557,781	599,140	694,939
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	248,403	232,032	325,366	298,298	469,210
- Infectious Diseases	47,016	28,315	68,576	84,324	68,643
- Other Internal Medicine	209,244	240,673	214,700	284,044	304,843
Neurology	75,499	179,003	258,163	125,198	287,452
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	392,837	401,534	373,412	386,851	376,841
Ophthalmology	590,839	577,507	651,924	741,625	634,273
Orthopaedic Surgery	360,170	400,722	438,377	445,463	476,919
Otolaryngology	383,559	443,484	459,689	544,899	560,535
Paediatrics	126,068	119,228	138,493	155,873	160,250
Physical Medicine & Rehabilitation	181,045	182,253	210,268	225,811	226,356
Plastic Surgery	381,659	382,746	438,120	400,702	443,899
Psychiatry	239,557	246,269	265,201	277,779	274,895
Urology	427,910	433,312	514,515	519,623	553,707
Laboratory Specialists	523,417	584,498	641,984	668,406	628,067
- Pathology	2,866	2,873	5,357	2,535	1,331
- Radiology	566,890	616,457	684,173	710,966	679,816

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10B
Distribution of Median Gross Payments Percentage Change for the Service Years Ended March 31, 2008 to March 31, 2012 [1]

Physicians by Specialty	Percentage Change			
	2009/2008	2010/2009	2011/2010	2012/2011
Total: All Physicians	4.42%	11.40%	2.80%	1.02%
Subtotal:				
All Physicians (except Pathology)	4.33	11.45	2.72	1.08
All Specialists (except GP/FPs & Pathology)	7.39	9.37	3.83	1.82
Physicians by Specialty				
Anaesthesiology	4.93	9.86	3.53	(0.77)
Cardiovascular and Thoracic Surgery	77.46	1.74	6.40	4.17
Dermatology	2.05	22.98	(13.70)	15.09
Emergency Medicine	(7.42)	24.19	4.77	4.94
General/Family Physicians (GP/FPs)	3.14	12.60	2.16	0.66
- General/Family Physicians	2.53	13.43	1.49	0.65
- Full-Time Emergency Room Physicians	3.89	9.22	3.43	2.71
- Mental Health Generalists	43.61	10.84	(2.10)	30.20
- Other General Practice Physicians [2]	39.44	1.80	(50.00)	52.96
General Surgery	7.72	7.90	8.69	0.84
- General Surgery designated specialty	7.26	8.18	8.40	0.50
- Other General Surgery	13.71	4.04	16.81	6.97
Internal Medicine	5.80	23.88	8.57	7.29
- Internal Medicine designated specialty	6.73	36.17	6.57	(0.95)
- Cardiology	(13.89)	5.70	7.41	15.99
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(6.59)	40.22	(8.32)	57.30
- Infectious Diseases	(39.78)	142.19	22.97	(18.60)
- Other Internal Medicine	15.02	(10.79)	32.30	7.32
Neurology	137.09	44.22	(51.50)	129.60
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	2.21	(7.00)	3.60	(2.59)
Ophthalmology	(2.26)	12.89	13.76	12.49
Orthopaedic Surgery	11.26	9.40	1.62	7.06
Otolaryngology	15.62	3.65	18.54	2.87
Paediatrics	(5.43)	16.16	12.55	2.81
Physical Medicine & Rehabilitation	0.67	15.37	7.39	0.24
Plastic Surgery	0.29	14.47	(8.54)	10.78
Psychiatry	2.80	7.69	4.74	(1.04)
Urology	1.26	18.74	0.99	6.56
Laboratory Specialists	11.67	9.84	4.12	(6.04)
- Pathology	0.24	86.47	(52.67)	(47.48)
- Radiology	8.74	10.98	3.92	(4.38)

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$1,169,402	402	$1,154,347	388	$643,008	231
10,000 - 19,999	2,145,256	147	2,145,256	147	891,996	63
20,000 - 39,999	6,563,673	223	6,563,673	223	2,683,281	91
40,000 - 59,999	10,984,254	222	10,984,254	222	3,902,622	79
60,000 - 79,999	16,645,465	238	16,645,465	238	6,267,197	90
80,000 - 99,999	18,274,308	202	18,176,063	201	6,856,390	76
100,000 - 119,999	20,919,380	189	20,919,380	189	5,686,083	51
120,000 - 139,999	26,466,418	204	26,340,252	203	9,572,990	74
140,000 - 159,999	31,492,925	210	31,492,925	210	8,716,219	58
160,000 - 179,999	37,147,818	218	37,147,818	218	13,626,533	80
180,000 - 199,999	45,637,015	240	45,637,015	240	13,076,308	69
200,000 - 299,999	307,335,911	1,228	307,335,911	1,228	94,979,181	379
300,000 - 399,999	360,910,868	1,038	360,910,868	1,038	132,067,537	377
400,000 - 499,999	370,911,871	831	370,447,362	830	167,002,405	372
500,000 - 599,999	267,894,994	491	267,894,994	491	154,347,066	283
600,000 - 699,999	183,265,158	283	183,265,158	283	125,948,152	195
700,000 - 799,999	140,712,463	189	140,712,463	189	101,177,430	136
800,000 - 899,999	95,762,190	114	95,762,190	114	76,555,575	91
900,000 - 999,999	70,003,373	74	70,003,373	74	47,316,810	50
1,000,000 - 1,999,999	302,254,209	222	302,254,209	222	273,567,924	197
2,000,000 & Over	133,662,525	50	126,589,936	48	124,540,449	47
Total	$2,450,159,476	7,015	$2,442,382,913	6,996	$1,369,425,156	3,089

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$51,342	8			$33	1
10,000 - 19,999	111,902	7				
20,000 - 39,999	366,384	12				
40,000 - 59,999	464,799	9			48,676	1
60,000 - 79,999	777,415	11	$66,528	1	76,322	1
80,000 - 99,999	721,406	8				
100,000 - 119,999	652,544	6			109,702	1
120,000 - 139,999	778,283	6				
140,000 - 159,999	933,073	6			302,993	2
160,000 - 179,999	1,339,254	8	174,450	1		
180,000 - 199,999	2,270,138	12				
200,000 - 299,999	15,593,196	61	208,726	1	270,076	1
300,000 - 399,999	27,356,457	78	1,007,177	3	1,683,782	5
400,000 - 499,999	35,812,928	80	1,394,711	3	2,150,486	5
500,000 - 599,999	24,188,150	45			2,256,523	4
600,000 - 699,999	9,621,873	15	2,577,265	4	3,209,709	5
700,000 - 799,999	6,005,933	8	1,488,230	2	2,285,245	3
800,000 - 899,999	1,653,128	2	1,677,755	2	3,335,758	4
900,000 - 999,999			926,927	1	1,923,376	2
1,000,000 - 1,999,999	3,907,919	3	4,623,114	4	10,840,457	8
2,000,000 & Over					4,503,204	2
Total	$132,606,124	385	$14,144,883	22	$32,996,342	45

Note: This table reflects fee-for-service data only.

Continued

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$19,008	4	$511,339	157	$18,855	5
10,000 - 19,999	46,419	3	1,253,260	84	77,483	5
20,000 - 39,999	31,260	1	3,880,393	132	176,531	6
40,000 - 59,999	157,953	3	7,081,632	143	264,597	5
60,000 - 79,999	196,896	3	10,378,268	148	329,100	5
80,000 - 99,999	185,351	2	11,319,673	125	354,198	4
100,000 - 119,999			15,233,297	138	215,445	2
120,000 - 139,999	782,434	6	16,767,262	129	510,069	4
140,000 - 159,999	299,500	2	22,776,706	152	292,069	2
160,000 - 179,999	1,157,584	7	23,521,284	138	343,522	2
180,000 - 199,999	950,845	5	32,560,707	171	757,751	4
200,000 - 299,999	6,301,076	25	212,356,731	849	5,160,015	20
300,000 - 399,999	11,221,794	32	228,843,331	661	5,990,743	17
400,000 - 499,999	3,386,004	8	203,444,957	458	14,604,500	32
500,000 - 599,999	1,586,629	3	113,547,927	208	14,637,906	27
600,000 - 699,999	691,460	1	57,317,006	88	15,382,631	24
700,000 - 799,999	1,412,286	2	39,535,034	53	10,507,226	14
800,000 - 899,999	890,504	1	19,206,615	23	7,599,138	9
900,000 - 999,999			22,686,563	24	955,437	1
1,000,000 - 1,999,999			28,686,285	25	6,313,730	5
2,000,000 & Over			2,049,487	1		
Total	$29,317,002	108	$1,072,957,757	3,907	$84,490,948	193

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$159,485	74	$11,616	12	$17,170	8
10,000 - 19,999	198,749	15	25,023	2		
20,000 - 39,999	859,405	28	124,069	5	53,661	2
40,000 - 59,999	915,137	19				
60,000 - 79,999	1,535,911	22			211,974	3
80,000 - 99,999	1,604,004	18			81,119	1
100,000 - 119,999	783,847	7			119,324	1
120,000 - 139,999	2,420,352	19	124,700	1		
140,000 - 159,999	1,204,352	8	303,214	2		
160,000 - 179,999	2,396,829	14				
180,000 - 199,999	1,522,723	8				
200,000 - 299,999	13,960,551	56	1,128,108	4	239,211	1
300,000 - 399,999	17,964,109	50	2,094,056	6		
400,000 - 499,999	30,173,976	67	2,675,387	6		
500,000 - 599,999	26,799,105	49	1,589,431	3		
600,000 - 699,999	24,818,339	38	2,630,811	4		
700,000 - 799,999	23,067,499	31	747,473	1		
800,000 - 899,999	13,528,878	16	811,749	1		
900,000 - 999,999	13,333,715	14				
1,000,000 - 1,999,999	49,810,186	38				
2,000,000 & Over	13,327,656	6				
Total	$240,384,808	597	$12,265,638	47	$722,460	16

Note: This table reflects fee-for-service data only.

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(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$50,597	15	$1,654	3	$6,134	2
10,000 - 19,999	80,806	6	26,456	2	42,500	3
20,000 - 39,999	146,360	5	37,501	1	82,197	3
40,000 - 59,999	196,781	4	97,886	2	110,341	2
60,000 - 79,999	204,102	3			279,011	4
80,000 - 99,999	540,436	6	89,291	1	178,190	2
100,000 - 119,999	439,013	4			328,316	3
120,000 - 139,999	272,449	2	263,696	2	250,854	2
140,000 - 159,999			309,870	2	596,333	4
160,000 - 179,999	535,419	3	177,200	1	508,236	3
180,000 - 199,999	763,141	4	371,879	2	190,044	1
200,000 - 299,999	6,581,187	26	2,864,483	12	4,200,493	17
300,000 - 399,999	9,842,588	28	1,029,778	3	3,813,795	11
400,000 - 499,999	8,448,185	19	3,192,484	7	11,897,737	26
500,000 - 599,999	11,457,665	21	2,636,748	5	16,482,584	30
600,000 - 699,999	9,727,150	15	4,517,425	7	10,316,447	16
700,000 - 799,999	8,247,539	11	2,943,635	4	8,853,708	12
800,000 - 899,999	5,817,494	7	6,715,256	8	2,551,065	3
900,000 - 999,999	4,734,283	5	6,567,918	7	975,450	1
1,000,000 - 1,999,999	13,439,253	9	46,535,916	33	3,000,615	2
2,000,000 & Over	6,515,306	3	29,680,889	11		
Total	$88,039,755	196	$108,059,966	113	$64,664,048	147

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Dollar Range	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$7,686	1	$173,753	66		
10,000 - 19,999	15,296	1	92,921	7	$17,737	1
20,000 - 39,999	143,427	5	88,409	3		
40,000 - 59,999	95,495	2	373,329	8	49,922	1
60,000 - 79,999	75,307	1	859,260	12		
80,000 - 99,999	181,816	2	1,213,465	13	95,393	1
100,000 - 119,999			913,896	8	456,257	4
120,000 - 139,999			1,311,560	10	127,994	1
140,000 - 159,999	151,305	1	900,070	6	156,480	1
160,000 - 179,999			1,687,314	10	343,356	2
180,000 - 199,999	574,244	3	1,320,012	7	549,973	3
200,000 - 299,999	1,266,494	5	8,012,168	32	1,689,523	7
300,000 - 399,999	1,077,604	3	9,848,676	29	1,326,954	4
400,000 - 499,999	1,744,706	4	9,496,884	21	1,827,058	4
500,000 - 599,999	3,308,799	6	7,098,266	13	585,406	1
600,000 - 699,999	5,126,229	8	9,082,118	14	618,733	1
700,000 - 799,999	7,312,981	10	3,033,945	4	712,430	1
800,000 - 899,999	4,224,345	5	854,085	1	1,635,587	2
900,000 - 999,999	1,868,172	2				
1,000,000 - 1,999,999	4,975,765	4	4,932,171	4		
2,000,000 & Over						
Total	$32,149,670	63	$61,292,302	268	$10,192,804	34

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Dollar Range	Plastic Surgery		All Psychiatry		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$11,454	2	$34,379	6	$2,329	1
10,000 - 19,999	11,809	1	76,694	5		
20,000 - 39,999	27,716	1	294,417	11		
40,000 - 59,999	96,964	2	548,086	11		
60,000 - 79,999	72,809	1	1,102,685	16		
80,000 - 99,999			1,248,289	14		
100,000 - 119,999	116,689	1	1,437,607	13	113,441	1
120,000 - 139,999			2,221,365	17		
140,000 - 159,999	143,387	1	2,401,386	16		
160,000 - 179,999			3,416,440	20	333,316	2
180,000 - 199,999	380,312	2	2,854,591	15		
200,000 - 299,999	1,278,932	5	20,952,796	85	215,640	1
300,000 - 399,999	2,789,864	8	26,592,820	76	1,833,344	5
400,000 - 499,999	4,508,964	10	26,804,557	60	3,123,490	7
500,000 - 599,999	4,413,176	8	18,055,956	33	7,733,046	14
600,000 - 699,999	4,431,126	7	7,104,292	11	3,212,350	5
700,000 - 799,999	1,424,102	2	2,838,934	4	5,369,406	7
800,000 - 899,999	868,230	1	4,082,512	5	829,231	1
900,000 - 999,999			1,889,793	2	2,783,368	3
1,000,000 - 1,999,999	3,268,257	3	3,551,398	3	1,527,686	1
2,000,000 & Over						
Total	$23,843,791	55	$127,508,997	423	$27,076,647	48

Note: This table reflects fee-for-service data only

Continued...

(1) A blank cell represents a zero value

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$15,055	14	$77,514	23
10,000 - 19,999			68,202	5
20,000 - 39,999			251,943	8
40,000 - 59,999			482,655	10
60,000 - 79,999			479,876	7
80,000 - 99,999	98,244	1	363,434	4
100,000 - 119,999				
120,000 - 139,999	126,166	1	509,233	4
140,000 - 159,999			722,186	5
160,000 - 179,999			1,213,613	7
180,000 - 199,999			570,657	3
200,000 - 299,999			5,056,504	20
300,000 - 399,999			6,593,995	19
400,000 - 499,999	464,509	1	5,760,347	13
500,000 - 599,999			11,517,676	21
600,000 - 699,999			12,880,193	20
700,000 - 799,999			14,926,857	20
800,000 - 899,999			19,480,861	23
900,000 - 999,999			11,358,372	12
1,000,000 - 1,999,999			116,841,459	80
2,000,000 & Over	7,072,589	2	70,513,394	25
Total	$7,776,563	19	$279,668,972	329

Note: This table reflects fee-for-service data only.

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Table 2.12
Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2011 to March 31, 2012 [1]

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians [2]	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Laboratory) [3]	6,664	5,840.5	34.0	49.4	$370,228	669
All Specialists (except GP/FPs & Laboratory)	2,757	2,343.8	32.6	50.3	464,776	1,668
Physicians by Specialty						
Anaesthesiology	385	332.5	34.3	48.3	398,812	11,760
Cardiovascular and Thoracic Surgery	22	20.5	40.9	40.9	689,172	190,510
Dermatology	45	43.2	35.6	40.0	764,070	90,544
Emergency Medicine	108	94.9	34.3	45.4	308,873	41,196
General/Family Physicians (GP/FPs)	3,907	3,456.1	34.6	47.4	310,457	1,131
- General/Family Physicians	3,667	3,240.7	34.6	47.6	308,450	1,207
- Full-Time Emergency Room Physicians	209	199.2	36.8	45.0	335,476	19,624
- Mental Health Generalists	16	14.6	37.5	37.5	361,802	266,998
- Other General Practice Physicians [4]	15	13.7	26.7	40.0	88,112	285,197
General Surgery	193	159.2	33.2	50.3	530,564	24,554
- General Surgery designated specialty	175	145.5	33.1	50.3	529,729	26,877
- Other General Surgery	18	14.3	33.3	44.4	518,379	273,036
Internal Medicine	594	457.9	30.1	54.9	524,092	8,539
- Internal Medicine designated specialty	278	207.1	28.4	56.1	447,202	18,884
- Cardiology	74	71.4	36.5	44.6	785,567	54,753
- Gastroenterology	46	32.2	30.4	54.3	636,802	121,427
- Infectious Diseases	18	15.3	27.8	61.1	107,497	256,141
- Other Internal Medicine	178	131.6	30.9	53.9	525,480	29,719
Neurology	47	29.4	25.5	63.8	417,599	133,125
Neurosurgery	16	14.8	37.5	56.3	48,697	263,557
Obstetrics-Gynaecology	196	169.8	32.7	50.0	518,492	23,028
Ophthalmology	113	104.5	37.2	44.2	1,034,342	37,427
Orthopaedic Surgery	147	123.9	36.1	46.3	521,843	31,555
Otolaryngology	63	47.7	31.7	52.4	674,702	82,059
Paediatrics	268	200.5	28.4	55.6	305,628	19,497
Physical Medicine and Rehabilitation	34	34.0	35.3	44.1	299,484	114,887
Plastic Surgery	55	49.4	36.4	41.8	482,281	79,089
Psychiatry	423	387.4	36.2	45.4	329,098	10,092
Urology	48	46.8	37.5	39.6	579,073	83,623

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Full-Time Equivalent methodology is as follows:

Definition of a Full-Time Equivalent Physician: The definition is based on the methodology developed in 1984 by Health Canada.

Step 1 - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those physicians with claims in all four quarters of the fiscal year.

Step 2 - Count all physicians with payments within the lower and upper benchmark as one full-time equivalent.

- Count all physicians with payments below the lower benchmark as a fraction of a full-time equivalent equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one full-time equivalent plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the full-time equivalents in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (19 Pathology and 329 Radiology physicians) and 3 Endocrinology/Methabolism physicians are excluded.

(4) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days
			Major	Other	
Total: All Physicians	$2,450,158,141	$245,341,148	$211,564,370	$768,405,471	$69,140,853
Subtotal					
All Physicians (except Pathology)	2,442,381,578	244,989,537	211,564,370	768,387,179	69,140,853
All Specialists (except GP/FPs & Pathology)	1,369,423,821	221,273,350	42,770,161	132,977,032	32,636,229
Anaesthesiology	132,606,124	4,505,895	54,185	11,880,564	77,401
Cardiovascular and Thoracic Surgery	14,144,883	1,253,131	10,584	631,892	564,808
Dermatology	32,996,342	7,759,624	2,446,667	4,356,724	24,680
Emergency Medicine	29,317,002	1,834,188	247,300	18,731,772	846
General/Family Physicians (GP/FPs)	1,072,957,757	23,716,188	168,794,208	635,410,147	36,504,624
- General/Family Physicians	999,607,745	20,475,423	168,003,521	588,081,159	36,409,484
- Full-Time Emergency³Room Physicians	66,843,486	2,921,928	537,702	46,176,722	19,238
- Mental Health Generalists	5,298,492	246,422	171,554	450,625	5,628
- Other General Practice Physicians [3]	1,208,034	72,415	81,432	701,641	70,274
General Surgery	84,489,614	24,242,468	137,189	6,380,251	2,012,721
- General Surgery designated specialty	77,067,311	22,390,392	125,993	5,705,914	1,900,069
- Other General Surgery	7,423,637	1,852,076	11,196	674,337	112,652
Internal Medicine	240,384,808	75,631,151	4,835,705	26,391,517	23,915,029
- Internal Medicine designated specialty	92,596,909	40,220,106	2,844,508	14,153,676	17,437,883
- Cardiology	56,100,632	12,886,335	479,895	2,768,216	2,069,246
- Endocrinology/Metabolism	404,046	36		94	
- Gastroenterology	20,505,858	8,625,493	156,959	1,324,885	495,078
- Infectious Diseases	1,640,987	1,076,047	42,813	417,169	75,558
- Other Internal Medicine	69,136,376	12,823,134	1,311,530	7,727,477	3,837,263
Neurology	12,265,638	8,374,029	243,208	1,045,061	435,061
Neurosurgery	722,460	63,730	86	39,765	562
Obstetrics-Gynaecology	88,039,755	15,086,911	2,407,286	17,183,111	917,013
Ophthalmology	108,059,966	10,250,389	14,312,342	7,306,327	9,339
Orthopaedic Surgery	64,664,048	13,029,398	363,784	5,403,014	356,204
Otolaryngology	32,149,670	6,950,249	311,496	1,938,192	31,811
Paediatrics	61,292,302	17,379,947	13,582,249	21,902,032	3,207,562
Physical Medicine and Rehabilitation	10,192,804	3,523,372	30,522	2,290,169	935,607
Plastic Surgery	23,843,791	2,911,207	792,775	2,009,877	11,832
Psychiatry designated specialty	127,508,997	20,228,662	2,575,583	2,650,448	737
Urology	27,076,647	7,119,404	375,949	2,532,692	134,140
Laboratory Specialists	287,445,535	1,481,206	43,250	321,917	879
- Pathology	7,776,563	351,611		18,292	
- Radiology	279,668,972	1,129,595	43,250	303,625	879

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Physicians by Specialty	Special Calls	Psychotherapy/ Counselling	Major Surgery	Minor Surgery
Total: All Physicians	$35,081,240	$143,880,760	$303,489,845	$22,218,980
Subtotal				
All Physicians (except Pathology)	35,081,240	143,880,760	303,488,550	22,218,980
All Specialists (except GP/FPs & Pathology)	1,857,236	89,063,631	276,483,470	9,295,228
Anaesthesiology	5,310	746,166	77,358,352	1,862,422
Cardiovascular and Thoracic Surgery	369	1,384	11,114,434	9,736
Dermatology	1,517	208	7,504,479	1,792,499
Emergency Medicine	34,145	502,896	485,556	608,025
General/Family Physicians (GP/FPs)	33,224,004	54,817,129	27,005,080	12,923,752
- General/Family Physicians	33,060,310	50,040,851	25,773,872	10,937,049
- Full-Time Emergency Room Physicians	155,444	983,439	1,231,208	1,981,685
- Mental Health Generalists	3,293	3,534,091		98
- Other General Practice Physicians [3]	4,958	258,748		4,920
General Surgery	71,947	43,334	36,741,416	1,167,331
- General Surgery designated specialty	71,205	43,334	32,554,665	1,139,118
- Other General Surgery	743		4,186,751	28,213
Internal Medicine	386,788	81,142	7,352,954	287,113
- Internal Medicine designated specialty	289,105	24,927	101,628	238,546
- Cardiology	45,952	47	6,307,957	75
- Endocrinology/Metabolism				
- Gastroenterology	1,880	46	19,981	27,410
- Infectious Diseases	4,295			1,583
- Other Internal Medicine	45,556	56,122	923,388	19,499
Neurology	2,414	15,602	21,862	
Neurosurgery		44	546,332	
Obstetrics-Gynaecology	1,063,174	71,897	11,740,015	39,163
Ophthalmology	172,134	92	36,396,781	237,881
Orthopaedic Surgery	25,861	42,425	44,447,198	192,262
Otolaryngology	13,117	6,366	9,748,690	2,184,939
Paediatrics	59,873	1,214,482	134,640	112,713
Physical Medicine and Rehabilitation	275	704,731	1,457	1,323
Plastic Surgery	4,542		17,097,582	746,379
Psychiatry designated specialty	3,667	85,614,852		
Urology	12,008	18,010	11,840,016	20,849
Laboratory Specialists	94		3,953,001	32,592
- Pathology			1,295	
- Radiology	94		3,951,706	32,592

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2] [4]

Physicians by Specialty	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology	Laboratory Services
Total: All Physicians	$24,111,133	$44,492,781	$258,239,647	$45,294,235
Subtotal				
All Physicians (except Pathology)	24,111,133	44,492,781	258,239,647	45,294,235
All Specialists (except GP/FPs & Pathology)	19,386,584	27,758,036	257,855,875	45,294,189
Anaesthesiology	16,697,410	4,810,479	2,124,047	
Cardiovascular and Thoracic Surgery	62,347		202	
Dermatology	158,552			
Emergency Medicine	3,054	1,928		
General/Family Physicians (GP/FPs)	4,724,549	16,734,746	383,771	47
- General/Family Physicians	4,714,563	16,727,214	383,771	47
- Full-Time Emergency Room Physicians	9,944	7,532		
- Mental Health Generalists				
- Other General Practice Physicians [3]	42			
General Surgery	33,934	25,756		
- General Surgery designated specialty	30,504	25,756	1,180	
- Other General Surgery	3,429		155	
Internal Medicine	75,493	51,752	11,484,428	5,835,194
- Internal Medicine designated specialty	187		520,933	535
- Cardiology			10,962,371	5,431,270
- Endocrinology/Metabolism			528	403,389
- Gastroenterology				
- Infectious Diseases				
- Other Internal Medicine	75,306	51,752	597	
Neurology	157,419			
Neurosurgery	18,385		49,860	
Obstetrics-Gynaecology	30,847	22,809,261	8,698,210	
Ophthalmology	485	141	11,536,101	
Orthopaedic Surgery	59,223	3,763		
Otolaryngology	77,126	1,430		
Paediatrics	1,672	51,605	800,695	47
Physical Medicine and Rehabilitation	534,797		602,225	
Plastic Surgery	2,929	706		
Psychiatry designated specialty				
Urology	217,011	1,213		
Laboratory Specialists	1,255,900	0	222,560,107	39,458,949
- Pathology				
- Radiology	1,255,900		222,560,107	39,458,949

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.
(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.
(4) No data to report for Surgical Assistance for this reporting period, column removed.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Physicians by Specialty	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$222,868,375	$15,189,312	$40,839,990
Subtotal			
All Physicians (except Pathology)	215,467,150	15,185,172	40,839,990
All Specialists (except GP/FPs & Pathology)	181,777,324	2,000,740	28,994,736
Anaesthesiology	9,861,286	29,069	2,593,539
Cardiovascular and Thoracic Surgery	404,928		91,070
Dermatology	8,512,865	8,405	430,121
Emergency Medicine	6,164,535	435	702,322
General/Family Physicians (GP/FPs)	33,689,826	13,184,432	11,845,254
- General/Family Physicians	22,111,808	13,169,479	9,719,195
- Full-Time Emergency Room Physicians	11,569,498	4,885	1,244,262
- Mental Health Generalists	4,923	2,595	879,263
- Other General Practice Physicians [3]	3,596	7,473	2,534
General Surgery	12,896,552	3,992	732,721
- General Surgery designated specialty	12,393,069	3,655	682,458
- Other General Surgery	503,483	338	50,264
Internal Medicine	76,873,403	43,140	7,139,999
- Internal Medicine designated specialty	15,506,561	15,259	1,243,056
- Cardiology	14,614,168		535,099
- Endocrinology/Metabolism			
- Gastroenterology	9,785,767	621	67,738
- Infectious Diseases	19,128	3,410	984
- Other Internal Medicine	36,947,779	23,850	5,293,122
Neurology	1,885,545	42,829	42,608
Neurosurgery	3,602		94
Obstetrics-Gynaecology	6,229,745	1,634,078	129,043
Ophthalmology	27,755,668	152	82,133
Orthopaedic Surgery	547,791	15,671	177,454
Otolaryngology	10,800,902	2,790	82,562
Paediatrics	2,319,073	43,466	482,247
Physical Medicine and Rehabilitation	1,326,247	169,871	72,207
Plastic Surgery	209,615	31	56,315
Psychiatry designated specialty	703,770	5,774	15,725,505
Urology	4,457,924	72	347,358
Laboratory Specialists	18,225,100	5,104	107,437
- Pathology	7,401,225	4,141	
- Radiology	10,823,874	963	107,437

Note: This table reflects fee-for-service data only.

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2011 to March 31, 2012 [1] [2] [5]

Service Type \ Age & Gender		All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	624	$68,274	813	$119,276	299	$33,462
	M	503	57,272	953	137,230	384	42,396
Major Assessment	F	582	61,891	1,696	179,934	574	58,988
	M	426	46,402	1,730	184,643	600	62,249
Other Assessment	F	4,553	232,613	3,697	229,314	3,076	164,193
	M	3,095	160,786	3,987	250,884	3,359	183,361
Hospital Care Days	F	405	18,443	524	31,837	78	5,300
	M	347	16,930	555	32,879	89	5,926
Special Calls	F	28	10,836	1	6,921	3	7,980
	M	15	7,127	2	8,689	4	9,164
Psychotherapy/Counselling	F	964	41,808	6	384	25	1,353
	M	728	31,836	7	393	37	2,015
Major Surgery	F	985	79,286	375	28,292	221	18,001
	M	901	75,964	589	43,415	380	27,919
Minor Surgery	F	85	4,921	39	2,336	77	4,894
	M	106	6,436	63	3,830	118	7,794
Anaesthesiology	F	393	10,408	66	1,607	208	4,209
	M	57	1,967	44	1,148	233	4,718
Obstetrical Services	F	169	22,874				
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,009	97,339	64	8,892	71	5,776
	M	448	35,066	74	10,510	81	6,261
Laboratory Services	F	74	15,371			–	13
	M	27	7,835			–	15
Other Diagnostic & Therapeutic Services	F	1,613	58,140	546	31,330	562	10,903
	M	1,415	55,867	668	37,589	737	14,063
Special Services [3]	F	359	6,970	3	30	10	138
	M	76	830	2	17	12	170
Miscellaneous Services [4]	F	225	10,391	91	3,958	46	2,046
	M	212	10,497	87	3,787	53	2,351
Total	F	12,067	$739,565	7,920	$644,110	5,251	$317,255
	M	8,356	$514,816	8,759	$715,014	6,087	$368,403

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) – equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

(5) No data to report for Surgical Assistance for this reporting period, column removed.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Service Type \ Age & Gender		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	244	$24,205	402	$39,122	602	$61,699
	M	324	31,835	267	26,389	304	33,213
Major Assessment	F	291	29,446	368	37,290	514	52,798
	M	303	30,868	194	19,308	238	24,684
Other Assessment	F	1,867	92,802	3,497	187,665	4,631	244,637
	M	1,885	97,409	1,719	94,126	2,141	110,763
Hospital Care Days	F	27	1,715	88	3,950	151	6,609
	M	24	1,550	57	2,852	84	4,280
Special Calls	F	3	4,524	2	10,245	3	9,689
	M	2	4,667	2	5,525	3	4,215
Psychotherapy/Counselling	F	228	10,189	782	34,352	1,090	46,171
	M	385	18,556	740	32,837	789	33,591
Major Surgery	F	227	15,372	415	27,523	752	51,865
	M	288	18,821	473	32,097	535	41,499
Minor Surgery	F	80	4,644	69	3,914	74	4,194
	M	100	6,150	108	6,687	96	5,742
Anaesthesiology	F	114	2,207	543	12,926	879	21,855
	M	134	2,629	19	501	21	850
Obstetrical Services	F	6	689	224	31,056	455	61,341
	M						
Diagnostic & Therapeutic Services, Radiology	F	121	8,985	460	46,943	1,027	112,716
	M	118	8,066	193	12,471	303	23,523
Laboratory Services	F	1	389	7	1,886	17	4,390
	M	1	234	5	1,224	10	3,003
Other Diagnostic & Therapeutic Services	F	749	10,566	889	21,363	1,231	37,887
	M	919	12,019	590	16,320	785	26,474
Special Services [3]	F	18	245	265	5,860	471	10,452
	M	21	296	22	252	39	453
Miscellaneous Services [4]	F	84	3,773	180	8,893	144	6,857
	M	114	5,156	203	9,699	158	7,632
Total	F	4,060	$209,753	8,190	$472,989	12,041	$733,158
	M	4,619	$238,255	4,591	$260,290	5,508	$319,921

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) – equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Service Type \ Age & Gender		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	722	$81,726	1,088	$127,251	1,341	$157,062
	M	609	71,480	1,167	139,240	1,667	197,018
Major Assessment	F	646	69,487	902	101,119	1,157	132,977
	M	478	53,985	849	98,386	1,350	152,410
Other Assessment	F	4,606	227,006	6,573	326,253	11,228	548,137
	M	3,512	179,039	6,129	309,543	10,554	546,502
Hospital Care Days	F	283	13,564	966	45,858	3,476	150,301
	M	331	16,719	1,074	52,925	3,528	161,435
Special Calls	F	8	5,688	33	11,015	379	57,810
	M	8	5,383	35	11,876	220	42,296
Psychotherapy/Counselling	F	1,450	62,905	1,090	49,499	980	43,996
	M	921	40,013	838	37,220	1,027	45,134
Major Surgery	F	1,400	112,979	2,439	222,874	2,485	234,991
	M	1,207	103,278	2,665	243,916	3,134	302,572
Minor Surgery	F	100	5,649	110	6,522	121	7,220
	M	105	6,241	131	7,959	158	9,675
Anaesthesiology	F	72	3,693	81	5,076	81	4,855
	M	43	2,330	64	4,046	68	4,321
Obstetrical Services	F	2	214	--	11	--	16
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,468	138,548	1,984	171,670	1,962	151,822
	M	642	52,200	1,205	96,592	1,606	122,961
Laboratory Services	F	150	30,226	282	56,982	193	40,617
	M	43	12,872	117	32,168	122	33,563
Other Diagnostic & Therapeutic Services	F	2,093	80,812	3,571	154,208	3,994	190,800
	M	1,858	80,774	3,787	180,027	5,152	256,837
Special Services [3]	F	485	8,802	488	7,193	375	4,334
	M	107	1,155	233	2,477	363	3,799
Miscellaneous Services [4]	F	220	10,582	382	19,119	1,095	44,941
	M	201	10,636	394	21,283	989	46,872
Total	F	13,704	$851,883	19,988	$1,304,651	28,869	$1,769,881
	M	10,065	$636,105	18,689	$1,237,659	29,940	$1,925,396

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

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Table 2.15
Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for April 1, 2008 to March 31, 2012

Specialty \ Effective Date	April 1, 2008	August 1, 2008	April 1, 2009	April 1, 2010	April 1, 2011[1]
Anaesthesia	2.5	0.7	4.5	4.1	Nil
Cardiology	2.5	Nil	2.0	2.4	Nil
Cardiovascular and Thoracic Surgery	2.5	Nil	2.1	2.1	Nil
Critical Care Medicine	2.5	Nil	4.2	3.5	Nil
Dermatology	2.5	Nil	2.0	2.4	Nil
Radiology	2.5	Nil	2.0	2.5	Nil
Emergency Medicine	2.5	1.0	4.6	4.8	Nil
Endocrinology/Metabolism	2.5	2.7	4.2	6.2	Nil
Gastroenterology	2.5	0.6	2.6	3.2	Nil
General Practice	2.5	4.1	7.0	5.6	Nil
General Surgery	2.5	1.9	4.2	3.4	Nil
Mental Health Generalists	2.5	4.5	7.4	4.6	Nil
Infectious Diseases	2.5	3.5	4.8	8.4	Nil
Internal Medicine	2.5	3.9	6.5	4.6	Nil
Nephrology	2.5	Nil	2.0	2.3	Nil
Neurology	2.5	3.0	4.4	5.3	Nil
Neurosurgery	2.5	0.4	2.3	4.8	Nil
Obstetrics-Gynaecology	2.5	0.4	2.4	3.5	Nil
Ophthalmology	2.5	Nil	2.0	2.5	Nil
Orthopaedic Surgery	2.5	0.7	2.9	3.6	Nil
Otolaryngology	2.5	Nil	2.0	2.9	Nil
Paediatrics	2.5	6.1	7.3	6.2	Nil
Pathology	2.5	2.0	3.6	2.0	Nil
Physical Medicine and Rehabilitation	2.5	3.5	4.8	8.5	Nil
Plastic Surgery	2.5	0.6	2.6	4.4	Nil
Psychiatry	2.5	3.2	5.0	4.9	Nil
Respiratory Medicine	2.5	0.3	2.4	3.4	Nil
Rheumatology	2.5	2.4	3.9	7.3	Nil
Urology	2.5	0.1	2.1	3.2	Nil
Vascular Surgery	2.5	1.1	3.7	3.3	Nil
All Physicians	2.5%	2.4%	5.0%	4.5%	Nil

(1) Percentage changes to rates in the Schedule of Medical Benefits for April 1, 2011 are under negotiation.

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Table 2.16
Basic Health Services:
Percentage Changes to Rates in the Schedules of Benefits
for April 1, 2008 to March 31, 2012

Type of Practitioner / Effective Date	Medical	Dental Specialists/Oral Surgeons	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)
April 1, 2008	2.5	Nil	5.0	Nil
August 1, 2008	2.4	Nil	Nil	Nil
April 1, 2009	5.0	Nil	5.0	Nil
April 1, 2010	4.5	Nil	4.5	Nil
October 1, 2010	Nil	10.2	Nil	9.7
April 1, 2011[1]	Nil	Nil	Nil	Nil

(1) Percentage changes to rates in the Schedule of Benefits for Medical, Dental Specialists/Oral Surgeons and Podiatrists for April 1, 2011 are under negotiation.

Alternate Relationship Plans

The 2003 *Tri-Lateral Master Agreement* between Health and Wellness, Alberta Health Services, and the Alberta Medical Association was in effect until March 31, 2011. Innovative health delivery models are funded using agreements known as Alternate Relationship Plans.

The purpose of Alternate Relationship Plans is to provide physician funding models other than fee-for-service that promote innovation in clinical service delivery, improved patient care, and/or enhance practitioner satisfaction. The intent of the Alternate Relationship Plans is to advance the following:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

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Model Type Definitions

Clinical Alternate Relationship Plans

At present, there are 45 Clinical Alternate Relationship Plans that use three working models for funding physician services, which are:

- Capitation Alternate Relationship Plan – This model is used in two Alternate Relationship Plans for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per patient, per annum within a defined basket of insured health service codes.
- Annualized Alternate Relationship Plan – This model is used in 27 Alternate Relationship Plans for specialized health service delivery to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- Sessional Alternate Relationship Plan – This model is used in 16 Alternate Relationship Plans for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of insured health services within an organized program to a defined patient group.

Academic Alternate Relationship Plans

Academic Alternate Relationship Plans are funding arrangements that provide alternate compensation under a contractual model for clinical practice and conditional grant funding to compensate physicians for their teaching, administrative and research roles. These agreements have been successful in:

- attracting and retaining needed specialists to the province,
- supporting innovative clinical practice, and
- enhancing the quality of Alberta's medical education and research.

Ten Academic Alternate Relationship Plans have been implemented in Alberta. Academic Alternate Relationship Plans involve the following: the Universities and Faculties of Medicine, the participating physicians, Health and Wellness, Alberta Health Services, the Alberta Medical Association, other funding bodies, and related ministries such as Advanced Education and Technology.

Table 2.17
Alternate Relationship Plans (ARP) Summary by Type
For the Service Year April 1, 2011 to March 31, 2012

	General Practitioners	Specialists	Expenditures [1]
Clinical ARPs	744	188	109,668,495
Academic ARPs	78	707	167,620,868
Total [2]	822	895	$277,289,363
Total ARP Physicians	1,717		

(1) Expenditures for the 2011-2012 Fiscal Year as of August 31, 2012 and payments associated with the Clinical Stabilization Initiative are not included.

(2) Physician count is not discrete between Clinical and Academic Alternate Relationship Plans.

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Out-of-Country Health Coverage

Health and Wellness provides two sources of funding for Albertans who wish to receive insured medical treatment outside Canada: application through the Alberta Health Care Insurance Plan (AHCIP) or through the Out-of-Country Health Services Committee.

The AHCIP provides only limited physician and hospital costs outside of Canada.

Insured physician services received outside Canada are paid at the lesser of the amount claimed or the rate an Alberta physician or dentist would be paid for that service. The rate for in-patient hospital services is $100 (Canadian) per day. The outpatient rate is $50 (Canadian) per day.

As of July 1, 2006 coverage for out-of-province and out-of-country podiatic, chiropractic and optometic services was discontinued.

The Committee considers applications for funding of insured medical, oral surgical and/or hospital services that are not available in Canada.

The Comitteeis independent, and operates at arm's length from Health and Wellness. On August 1, 2011, the *Out-of-Country Health Services Regulation* was amended, based on recommendations from the Alberta Ombudsman. Applications to this committee can only be made by an Alberta physician or dentist on an Albertan's behalf.

Committee decisions can be appealed in writing to the Out-of-Country Health Services Appeal Panel which also operates at arm's length from Health and Wellness. The Albertan or applying physician/dentist may register an appeal.

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Table 2.18
Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Year April 1, 2010 to March 31, 2011 [1]

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Number of Discrete Patients	Payments	Number of Services	Number of Discrete Patients	Payments	Number of Services	Number of Discrete Patients	Payments
Physicians [2]	39,574	13,749	$2,354,094	25,860	8,156	$1,645,800	13,714	5,653	$708,294
Dental Specialists/Oral Surgeons	19	9	4,221	8	5	1,493	11	4	2,728
Total	39,593	13,753	$2,358,315	25,868	8,158	$1,647,293	13,725	5,655	$711,021

Note: This table reflects fee-for-service data only.

This table provides restated figures for service year April 1, 2010 to March 31, 2011 due to a change in the methodology of capturing the out of country claim process. The change now includes a one year lag from the fiscal year end to date of payment for more precise data.

(1) Number of Discrete Patients is a discrete overall patient count and not a sum.

(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

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Table 2.19
Out-of-Country Health Services Program:
Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel
for the Service Years Ended March 31, 2008 to March 31, 2012

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Reviewed	85	130	94	125	123
Approved	55	77	43	78	67.5
Approved on Appeal	1.5	2	4	8.5	9
Deferred (1)					1.5
Denied	28.5	51	47	38.5	45

Note: Applications listed as .5 are where a portion of the application is approved and a portion is denied.
(1) Effective April 1, 2011, row added to reflect applications for which the Out-of-Country Health Services Committee requires further medical information from the applicant.

Table 2.20
Out-of-Country Health Services Program:
Payments Made for Approved Applications by
Out-of-Country Health Services Committee/Appeal Panel
for the Service Years Ended March 31, 2008 to March 31, 2012

Amount Paid ($)	Type of Service				
	Required services not available in Alberta				
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Medical Services	$657,403	$1,461,543	$785,605	$867,574	$1,559,566
Hospital Services	2,888,451	2,264,340	2,945,522	2,716,470	2,783,198
Total	$3,545,854	$3,725,883	$3,731,127	$3,584,044	$4,342,764

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Primary Care Networks

Primary Care Networks are formed through formal arrangements between groups of primary care physicians and Alberta Health Services. Primary Care Networks are organized to deliver a wide range of primary care services. They have the flexibility to design local programs that meet the needs of patients in the community, while working within the provincial framework.

Primary Care is defined as the first point of contact with the health system, where health services are mobilized and co-ordinated to promote health, prevent and care for illness, and manage ongoing problems.

The goals of Primary Care Networks are to:

- improve access to primary care services for more Albertans,
- manage access to appropriate round-the-clock primary care services,
- increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses,
- improve coordination and integration of primary care services with hospital, long-term and specialty care, and
- foster a multi-disciplinary team approach to providing primary care.

The first Primary Care Network to launch in Alberta was Edmonton Southside Primary Care Network on May 1, 2005. As of March 31, 2012, there are 40 Primary Care Networks.

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Table 2.21
Primary Care Networks (PCNs):
Distribution by Health Zone, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2011 to March 31, 2012

Primary Care Network	AHS Zone	Number of Primary Care Physicians[1]	Number of Patients Enrolled[2]	Total Payments to the Primary Care Network[3]
Chinook	South Zone (Zone 1)	124	146,940	$6,750,075
Palliser	South Zone (Zone 1)	70	89,361	$4,464,625
Bow Valley	Calgary Zone (Zone 2)	30	24,467	$1,219,950
Calgary Foothills	Calgary Zone (Zone 2)	310	339,657	$16,818,625
Calgary Rural	Calgary Zone (Zone 2)	122	102,438	$5,111,375
Calgary West Central	Calgary Zone (Zone 2)	299	293,879	$14,707,975
Highland	Calgary Zone (Zone 2)	39	50,376	$2,473,875
Mosaic	Calgary Zone (Zone 2)	120	177,666	$8,315,200
South Calgary	Calgary Zone (Zone 2)	123	127,588	$6,260,575
Big Country	Central Zone (Zone 3)	31	36,024	$1,817,700
Camrose	Central Zone (Zone 3)	24	24,206	$1,180,875
Lloydminster	Central Zone (Zone 3)	14	16,413	$759,850
Provost	Central Zone (Zone 3)	4	4,657	$236,250
Red Deer	Central Zone (Zone 3)	74	110,979	$5,372,275
Rocky Mountain House	Central Zone (Zone 3)	16	14,441	$712,650
Kalyna Country	Central Zone (Zone 3)	8	10,802	$434,000
Vermilion	Central Zone (Zone 3)	5	6,178	$302,000
Wainwright	Central Zone (Zone 3)	7	7,728	$377,450
Wetaskiwin	Central Zone (Zone 3)	24	26,099	$1,296,475
Wolf Creek	Central Zone (Zone 3)	44	55,270	$2,747,025
Alberta Heartland	Edmonton Zone (Zone 4)	33	41,899	$2,028,800
Edmonton North	Edmonton Zone (Zone 4)	121	149,287	$7,628,925
Edmonton Oliver	Edmonton Zone (Zone 4)	88	76,360	$3,476,225
Edmonton Southside	Edmonton Zone (Zone 4)	137	163,236	$7,904,625
Edmonton West	Edmonton Zone (Zone 4)	110	122,502	$6,093,600
Leduc/Beaumont/Devon	Edmonton Zone (Zone 4)	48	55,839	$2,767,775
St. Albert & Sturgeon	Edmonton Zone (Zone 4)	64	81,780	$4,099,300
Sherwood Park-Strathcona County	Edmonton Zone (Zone 4)	73	85,363	$4,247,375
WestView	Edmonton Zone (Zone 4)	73	71,016	$3,540,200
Athabasca	North Zone (Zone 5)	21	22,611	$1,110,425
Bonnyville	North Zone (Zone 5)	17	12,566	$623,375
Cold Lake	North Zone (Zone 5)	11	14,266	$690,300
Grande Prairie	North Zone (Zone 5)	37	51,571	$2,489,025
McLeod River	North Zone (Zone 5)	39	32,616	$1,431,575
Northwest	North Zone (Zone 5)	34	24,560	$1,240,600
Peace River	North Zone (Zone 5)	15	18,465	$935,825
Sexsmith/Spirit River	North Zone (Zone 5)	7	10,425	$520,075
St. Paul/Aspen	North Zone (Zone 5)	31	38,365	$1,922,925
West Peace	North Zone (Zone 5)	7	9,762	$479,350
Wood Buffalo	North Zone (Zone 5)	29	59,268	$2,922,000
Total		2,483	2,806,926	$137,511,125

(1) The term Primary Care Physician includes both family physicians and general practitioners. Physicians participating in Primary Care Networks continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.

(2) Informal enrollment is based on a default method of calculating one patient encounter with a Primary Care Network health service provider at a Primary Care Network service delivery location for services in the past three years. Informal enrolment is based on assignment of discrete patients to Primary Care Networks based on overall volume of care to a single provider.

(3) Primary Care Networks receive a capitation payment up to $50 per patient, per year.

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Section 3: Regional Data

Summary

As of May 15, 2008, the Alberta Health Services Board became the common governance board responsible for the delivery of health services previously provided by the nine regional health authorities, the Alberta Cancer Board, the Alberta Alcohol and Drug Abuse Commission, and the Alberta Mental Health Board.

Alberta Health Services has divided Alberta into five continuum zones for ease of management of the delivery of health care services. The five health zones are loosely related to the former health regions as follows:

South Zone	(Zone 1):	Chinook Regional Health Authority
		Palliser Health Region
Calgary Zone	(Zone 2):	Calgary Health Region
Central Zone	(Zone 3):	David Thompson Regional Health Authority
		East Central Health
Edmonton Zone	(Zone 4):	Capital Health
North Zone	(Zone 5):	Aspen Regional Health Authority
		Peace Country Health
		Northern Lights Health Region

This section provides practitioner fee-for-service data broken down by the five zones.

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Ministry of Health and Wellness Annual Report 2011-2012*. Performance measures and financial information for 2011-2012 is reported based on the boundaries of the former regions and boards.

Highlights

- A total of 38.48% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 38.04% for services received in Calgary Zone (Zone 2) and the balance, 23.48%, for services received in the other three zones.
- In Alberta, 89.49% of payments for services received by patients were provided in the health zone where the patient resides.

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Alberta Health Services Continuum Zones

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Explanatory Notes

Number of Practitioners

The figures shown for the number of practitioners in a geographic zone are based on the number of practitioners who received fee-for-service payments for services provided in that particular zone. A practitioner may work in several zones and will have been counted in each zone where he/she provided services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Health Boundary Changes

Health boundaries are subject to change; therefore, year-over-year comparisons by zones should be interpreted with caution. The map on continuum health zones shows the current five continuum zones that were put in place on May 15, 2008.

Service Location and Recipient Location

Data in this section are provided on a service location basis. Patients from rural and remote zones often travel to larger urban centres in other zones to receive services. This has an effect on statistics for health services and payments for both zones involved. This is illustrated in Table 3.2, which shows payments to physicians based on both service location and recipient location. Recipient location data are for the geographic zone where the patient lived on the date of service.

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Table 3.1
Distribution of Population Covered by Alberta Health Services Geographic Zone Service Location as at March 31, 2012 [1]

Zone Service Location	Registered Population		
	Total	Male	Female
South	295,094	147,667	147,427
Calgary	1,461,481	731,874	729,607
Central	463,553	232,487	231,066
Edmonton	1,226,356	613,989	612,367
North	463,009	238,615	224,394
Unknown	624	339	285
Total	**3,910,117**	**1,964,971**	**1,945,146**

(1) The population figures are as at March 31, 2012, calculated in July 2012.

Alberta Health Services Geographic Zones to former Health Regions
South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
Calgary (Zone 2) - Calgary Health Region
Central (Zone 3) - David Thompson Regional Health Authority, East Central Health
Edmonton (Zone 4) - Capital Health
North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.2
Distribution of Payments to Physicians by Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2011 to March 31, 2012 [1]

Zone Service Location	Zone Recipient Location						
	All Zones	South (Zone 1)	Calgary (Zone 2)	Central (Zone 3)	Edmonton (Zone 4)	North (Zone 5)	Unknown Zones
South	$165,377,728	**$156,333,694**	$5,847,960	$1,366,998	$980,202	$608,757	$240,118
Calgary	931,998,929	23,315,890	**875,744,453**	21,063,413	7,116,127	3,906,104	852,942
Central	220,522,151	1,422,804	7,775,876	**197,928,534**	8,982,303	4,182,766	229,868
Edmonton	942,794,114	3,318,628	9,677,202	55,054,240	**795,235,536**	78,715,600	792,907
North	179,349,190	588,439	1,778,711	2,614,756	6,838,419	**167,317,077**	211,787
Unknown	10,117,364	532,199	1,982,948	5,774,598	863,738	886,617	**77,265**
Total	$2,450,159,476	$185,511,654	$902,807,151	$283,802,540	$820,016,324	$255,616,921	$2,404,886

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.

Alberta Health Services Geographic Zones to former Health Regions
South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
Calgary (Zone 2) - Calgary Health Region
Central (Zone 3) - David Thompson Regional Health Authority, East Central Health
Edmonton (Zone 4) - Capital Health
North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.3
Distribution of Payments by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2011 to March 31, 2012 (1)

Diagnostic Chapter (ICD9) \ Zone Service Location	All Zones	South (Zone 1)	Calgary (Zone 2)	Central (Zone 3)	Edmonton (Zone 4)	North (Zone 5)	Unknown (Zones)
Infectious and Parasitic Diseases	$39,773,175	$2,655,769	$15,640,577	$4,145,825	$13,530,693	$3,600,614	$199,698
Neoplasms	86,652,081	6,581,491	34,353,328	5,817,397	35,103,587	4,399,691	396,586
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	76,815,224	6,774,144	24,851,337	7,209,752	30,815,364	6,857,129	307,498
Diseases of Blood and Blood Forming Organs	11,421,995	1,262,672	3,572,079	1,332,692	3,976,682	1,152,822	125,050
Mental Disorders	239,002,873	14,926,319	86,074,038	23,482,890	101,748,246	11,355,113	1,416,268
Diseases of the Nervous System and Sense Organs	168,144,176	11,949,632	69,575,726	10,842,580	65,205,503	10,142,965	427,771
Diseases of the Circulatory System	170,020,049	12,107,635	54,902,132	14,287,437	76,442,756	11,468,040	812,050
Diseases of the Respiratory System	139,179,822	9,935,655	48,872,401	14,797,919	50,302,003	14,518,918	752,926
Diseases of the Digestive System	90,568,187	7,738,716	28,103,811	11,906,329	31,466,458	10,662,740	690,132
Diseases of the Genitourinary System	106,419,525	8,112,497	40,220,175	11,706,856	37,766,494	8,064,255	549,248
Complications of Pregnancy, Childbirth and the Puerperium	68,999,059	4,045,095	28,979,315	6,694,688	21,451,454	7,313,618	514,888
Diseases of the Skin and Subcutaneous Tissue	62,488,686	3,943,201	24,197,867	6,025,057	22,475,146	5,518,179	329,236
Diseases of the Musculosketal System and Connective Tissue	126,750,294	10,781,686	46,233,419	12,723,288	44,732,418	11,859,608	419,875
Congenital Anomalies	7,596,798	251,758	3,014,535	203,998	3,824,656	287,964	13,886
Certain Conditions Originating in the Perinatal Period	8,208,221	1,117,284	2,017,263	1,574,994	1,820,084	1,635,941	42,655
Symptoms, Signs and Ill-Defined Conditions	266,410,155	16,773,796	97,100,608	27,712,954	101,829,389	21,778,943	1,214,465
Injury and Poisoning	125,012,864	8,180,985	42,798,862	13,546,146	46,631,523	13,177,627	677,721
Non-Standard Diagnostic Codes (2)	225,762,144	14,447,351	86,974,404	22,077,495	78,020,908	23,396,098	845,887
Unknown Diagnostic Chapter (3)	430,934,147	23,792,045	194,517,052	24,433,854	175,650,750	12,158,925	381,521
Total	$2,450,159,476	$165,377,728	$931,998,929	$220,522,151	$942,794,114	$179,349,190	$10,117,364

Note: This table reflects fee-for-service data only.
(1) Payment totals have been rounded.
(2) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases, i.e., V codes.
(3) Radiologists, pathologists, surgical assistants and anaesthesiologists are not required to provide diagnostic codes when submitting claims to the AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.

Alberta Health Services Geographic Zones to former Health Regions
South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
Calgary (Zone 2) - Calgary Health Region
Central (Zone 3) - David Thompson Regional Health Authority, East Central Health
Edmonton (Zone 4) - Capital Health
North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.4
Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2011 to March 31, 2012 (1) (2) (3)

Zone Service Location	Total			General/Family Physicians			Specialists (4)		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South	496	$151,265,443	$304,971	302	$84,450,239	$279,637	194	$66,815,204	$344,408
Calgary	2,561	795,222,563	310,513	1,502	366,412,271	243,950	1,059	428,810,292	404,920
Central	714	204,945,880	287,039	503	136,956,073	272,278	211	67,989,807	322,227
Edmonton	2,354	825,503,397	350,681	1,244	345,219,242	277,507	1,110	480,284,155	432,688
North	624	172,756,263	276,853	465	132,007,354	283,887	159	40,748,909	256,282
Unknown	158	8,751,824	55,391	92	5,364,383	58,309	66	3,387,441	51,325
Total	6,907	$2,158,445,370	$312,501	4,108	$1,070,409,562	$260,567	2,799	$1,088,035,808	$388,723

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physcians within each zone that were paid $10,000 or more for services provided in the respective zone.

(2) The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted. (see Table 2.10 for actual counts)

(3) The total amount paid may not match the sum of amounts paid due to rounding.

(4) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Alberta Health Services Zones to former Health Regions

South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region

Calgary (Zone 2) - Calgary Health Region

Central (Zone 3) - David Thompson Regional Health Authority, East Central Health

Edmonton (Zone 4) - Capital Health

North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.5
Number of General/Family Physicians by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Zone Service Location / Payment Range	All Zones	South (Zone 1)	Calgary (Zone 2)	Central (Zone 3)	Edmonton (Zone 4)	North (Zone 5)	Unknown Zones
Less than $10,000	157	117	326	206	333	177	642
10,000 - 19,999	84	19	55	21	38	31	32
20,000 - 39,999	132	25	76	33	45	30	21
40,000 - 59,999	143	9	79	23	51	28	11
60,000 - 79,999	148	16	68	22	52	25	6
80,000 - 99,999	125	2	73	14	40	20	4
100,000 - 119,999	138	10	69	23	39	17	6
120,000 - 139,999	129	7	58	21	45	7	1
140,000 - 159,999	152	6	68	10	58	11	2
160,000 - 179,999	138	9	58	11	55	6	2
180,000 - 199,999	171	6	73	13	59	20	2
200,000 - 299,999	849	60	354	88	300	71	5
300,000 - 399,999	661	54	227	84	214	64	
400,000 - 499,999	458	39	131	97	119	58	
500,000 - 599,999	208	22	62	29	52	39	
600,000 - 699,999	88	8	22	8	22	19	
700,000 - 799,999	53	6	14	5	18	9	
800,000 - 899,999	23	4	5		10	3	
900,000 - 999,999	24		5		11	4	
1,000,000 & over	26		5	1	16	3	
Total	3,907	419	1828	709	1577	642	734

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each zone, where the physician payment was greater than zero within the zone. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted.

(2) A blank cell represents a zero value.

Alberta Health Services Geographic Zones to former Health Regions

South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region

Calgary (Zone 2) - Calgary Health Region

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North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.6
Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2011 to March 31, 2012 [1] [2]

Physicians by Specialty	Number of Physicians [3]			
	All Zones	Calgary (Zone 2)	Edmonton (Zone 4)	All Other Zones
Physicians by Specialty				
Anaesthesiology	385	165	164	78
Cardiovascular and Thoracic Surgery	22	6	17	1
Dermatology	45	23	18	7
Emergency Medicine	108	67	45	15
General/Family Physicians (GP/FPs)	3,907	1,828	1,577	1,414
General Surgery	193	74	76	97
Internal Medicine	597	235	328	186
Neurology	47	14	25	20
Neurosurgery	16	6	11	
Obstetrics-Gynaecology	196	99	82	58
Ophthalmology	113	56	49	26
Orthopaedic Surgery	147	67	58	55
Otolaryngology	63	25	29	16
Paediatrics	268	164	74	61
Physical Medicine and Rehabilitation	34	8	25	5
Plastic Surgery	55	32	20	11
Psychiatry	423	203	202	96
Urology	48	19	24	16
All Specialists (except GP/FPs & laboratory specialists)	2,760	1,263	1,247	748
Total: All Physicians (except laboratory specialists)	6,667	3,091	2,824	2,162

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each zone, where the physician payment was greater than zero within the zone. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted.

(2) A blank cell represents a zero value.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Alberta Health Services Geographic Zones to former Health Regions

South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region

Calgary (Zone 2) - Calgary Health Region

Central (Zone 3) - David Thompson Regional Health Authority, East Central Health

Edmonton (Zone 4) - Capital Health

North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.7
Allied Health Services:
Distribution of Services and Payments by Alberta Health Services Geographic Zone Service Location
for the Service Year April 1, 2011 to March 31, 2012 (1) (2)

Zone Service Location	Total		Optometrists		Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	92,628	$4,529,365	62,839	$3,503,984	250	$32,267	29,539	$993,114
Calgary	432,146	22,332,619	277,119	15,017,116	7,968	2,187,742	147,059	5,127,761
Central	134,831	7,623,574	118,413	6,636,546	1,739	494,356	14,679	492,672
Edmonton	373,814	20,855,413	257,590	14,430,574	10,779	3,572,598	105,445	2,852,241
North	76,656	3,993,090	66,879	3,714,213	45	6,346	9,732	272,531
Unknown	2,092	53,723	71	5,231	3	441	2,018	48,050
Total	1,112,167	$59,387,785	782,911	$43,307,665	20,784	$6,293,750	308,472	$9,786,370

Note: This table reflects fee-for-service data only.

(1) The payment totals may not match the sum of the payments made for services provided in the zones due to rounding.

(2) A blank cell represents a zero value.

Alberta Health Services Zones to former Health Regions

South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region

Calgary (Zone 2) - Calgary Health Region

Central (Zone 3) - David Thompson Regional Health Authority, East Central Health

Edmonton (Zone 4) - Capital Health

North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Section 4: Non-Group Supplementary Plans

Summary

Non-Group supplementary health plans provide coverage for prescribed drugs and selected health services. These supplementary health plans are funded by Health and Wellness and administered by Alberta Blue Cross.

Albertans under the age of 65 can purchase Non-Group coverage. A reduced premium rate is available to Albertans with lower incomes; premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

The government-sponsored Non-Group supplementary health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross and other insurers.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation or other). Information is also provided about the number, types and costs of drug prescriptions, and the top 10 drug expenditures.

Highlights

- In 2011-2012, the number of Albertans who were covered under Non-Group supplementary plans increased to 572,206, an increase of 2.07% compared to 2010-2011.
- The number of persons covered through full premium rates was 84,893 (14.84% of the total Non-Group membership).
- A total of 14,138 people (2.47% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 473,175 people (82.69% of total Non-Group membership) received their coverage premium-free.
- Almost $740 million was paid for benefits under the Non-Group supplementary plans in 2011-2012, an increase of 1.11% compared to 2010-2011.
- More than $573 million was paid for benefits for seniors and their dependants in 2011-2012. These payments accounted for 77.56% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than $712 million or 96.34% of total Non-Group benefit expenditures. Ambulance services accounted for over $26 million or 3.61% of the total.

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- Over the past five years significant savings have been realized through generic price reductions. The savings resulted from a lowering of the price threshold for listing and patent expiry for key molecules. These generic savings have slowed the growth in total program expenditures.
- In conjunction with lower generic drug pricing, the $3 per prescription Transition Allowance paid to pharmacies that was introduced in April 2010 to allow the industry time to adjust to lower generic drug pricing, was decreased to $2 in April 2011. This allowance will further decrease to $1 in April 2012 and $0 in April 2013.
- In 2011-2012, the 10 highest expenditure drugs were used to treat common chronic conditions including:
    - Age-related Macular Degeneration treated using Lucentis.
    - Rheumatoid arthritis/Crohn's Disease treated using Remicade.
    - Rheumatoid arthritis/psoriasis treated using Humira.
    - Rheumatoid arthritis/psoriasis treated using Enbrel.
    - High cholesterol conditions treated using Crestor.
    - Prevention of heart attack and stroke treated using Plavix.
    - Chronic Obstructive Pulmonary disease treated using Spiriva.
    - Multiple Sclerosis treated using Copaxone.
    - Asthma treated using Symabicort Turbuhaler.
    - Obstructive airways diseases using Advair.

Premium Subsidy Program

Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his/her spouse or partner (if applicable) for the year which precedes the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether or not the applicant is single (one person) or family (two or more people) with a spouse/partner and/or children on the registration account.

2011 - 2012 Premium Subsidy Thresholds

Family Category	Full Premiums
Single	over $20,970
Family - no children	over $33,240
Family - with children	over $39,250

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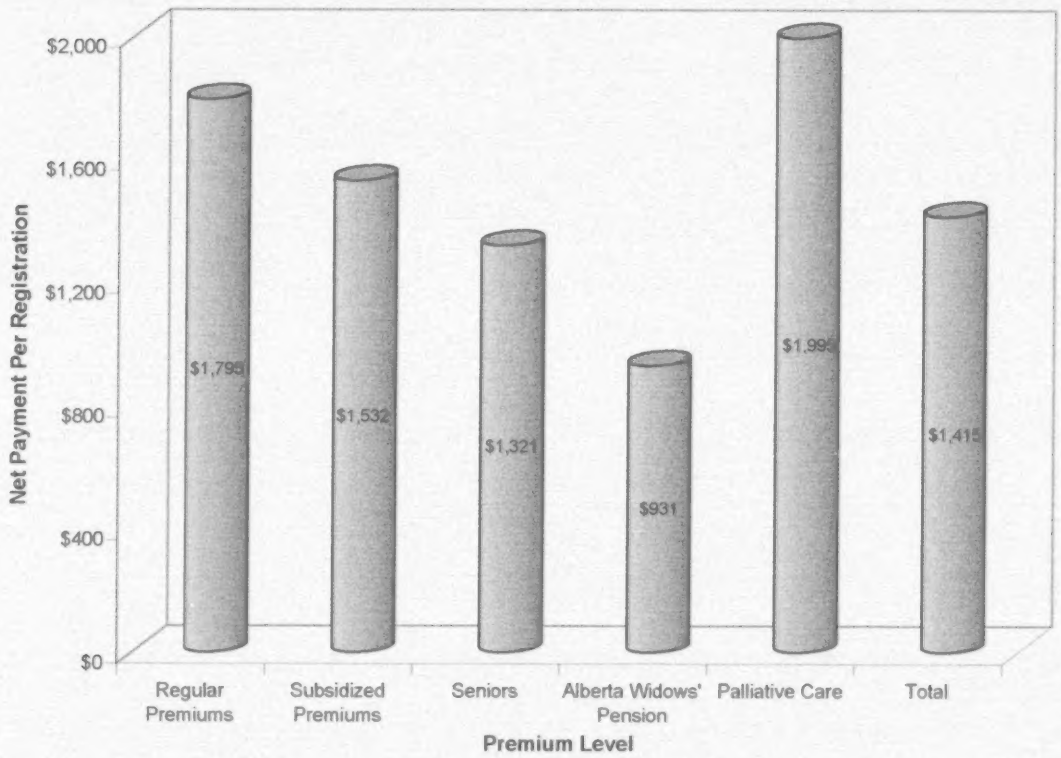
Charts and Figures

Figure 6
Non-Group Supplementary Coverage: Average Net Payment for Drugs Per Recipient by Coverage Category for the Service Year April 1, 2011 to March 31, 2012



Explanatory Notes

Data

Data in this section are provided by Health and Wellness (Tables 4.1 - 4.3), Alberta Blue Cross (Figure 6, Tables 4.4 - 4.5 and Tables 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6).

Non-Group Supplementary Coverage Parameters

Non-Group coverage includes drugs and selected health services such as: some ambulance services; clinical psychological services; some home nursing care; prosthetic and orthotic benefits; and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health Drug Benefit List defines the drugs that are covered by the Non-Group Supplementary plans.

Note: The subtotals/totals across tables may not match due to rounding.

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Table 4.1
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2008, 2009, 2010, 2011 and 2012 (1)

Registration Status		Number of Registrations & Persons Covered					Percentage Change			
		2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2009/2008	2010/2009	2011/2010	2012/2011
Regular Premiums	Registrations	51,848	54,231	51,823	45,684	43,153	4.60	(4.44)	(11.85)	(5.54)
	Persons	107,100	111,168	104,293	90,600	84,893	3.80	(6.18)	(13.13)	(6.30)
Reduced Premiums	Registrations	20,703	17,293	12,791	9,850	7,920	(16.47)	(26.03)	(22.99)	(19.59)
	Persons	38,826	32,922	24,251	18,145	14,138	(15.21)	(26.34)	(25.18)	(22.08)
No Premiums (2)	Registrations	280,218	288,298	296,133	305,130	318,576	2.88	2.72	3.04	4.41
	Persons	412,513	425,509	437,533	451,873	473,175	3.15	2.83	3.28	4.71
Total	Registrations	352,769	359,822	360,747	360,664	369,649	2.00%	0.26%	-0.02%	2.49%
	Persons	558,439	569,599	566,077	560,618	572,206	2.00%	-0.62%	-0.96%	2.07%

(1) The population figures are as at March 31, calculated in July.
(2) Persons covered under the Seniors, Alberta Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

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Table 4.2
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2008, 2009, 2010, 2011 and 2012 [1] [2]

Registration Status		Total					Regular Premium				
		2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
One Person	Registrations	184,868	187,949	188,779	188,856	193,005	20,557	22,055	21,726	19,404	18,570
	Persons	184,868	187,949	188,779	188,856	193,005	20,557	22,055	21,726	19,404	18,570
Two Persons	Registrations	147,228	151,062	153,518	155,899	161,776	18,584	19,002	18,178	16,337	15,444
	Persons	294,456	302,124	307,036	311,798	323,552	37,168	38,005	36,356	32,674	30,888
Three or	Registrations	20,673	20,811	18,450	15,909	14,868	12,707	13,174	11,919	9,943	9,139
More Persons	Persons	79,115	79,526	70,262	59,964	55,649	49,373	51,108	46,211	38,522	35,435
Total	Registrations	352,769	359,822	360,747	360,664	369,649	51,848	54,231	51,823	45,684	43,153
	Persons	558,439	569,599	566,077	560,618	572,206	107,098	111,168	104,293	90,600	84,893

Registration Status		Subsidized Premium					Seniors				
		2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
One Person	Registrations	11,776	9,787	7,286	5,762	4,810	151,797	155,558	159,361	163,426	169,464
	Persons	11,776	9,787	7,286	5,762	4,810	151,797	155,558	159,361	163,426	169,464
Two Persons	Registrations	4,452	3,690	2,804	2,168	1,685	124,164	128,351	132,526	137,387	144,645
	Persons	8,904	7,379	5,608	4,336	3,370	248,328	256,702	265,052	274,774	289,290
Three or	Registrations	4,475	3,816	2,701	1,920	1,425	3,485	3,814	3,827	4,045	4,303
More Persons	Persons	18,148	15,756	11,357	8,047	5,958	11,575	12,640	12,685	13,392	14,250
Total	Registrations	20,703	17,293	12,791	9,850	7,920	279,446	287,723	295,714	304,858	318,412
	Persons	38,828	32,922	24,251	18,145	14,138	411,700	424,900	437,098	451,592	473,004

Registration Status		Alberta Widows' Pension				
		2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
One Person	Registrations	738	549	406	264	161
	Persons	738	549	406	264	161
Two Persons	Registrations	28	19	10	7	2
	Persons	56	38	20	14	4
Three or	Registrations	6	7	3	1	1
More Persons	Persons	19	22	9	3	5
Total	Registrations	772	575	419	272	164
	Persons	813	609	435	281	171

Note: As at March 31, 2012, 1,249 people were covered by the Palliative Care Drug Program. Of these, 415 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

(1) The population figures are as at March 31, calculated in July.

(2) The report reflects a discrete count of people receiving Non-Group supplementary coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased Non-Group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.

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Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Gender as at March 31, 2008, 2009, 2010, 2011 and 2012 [1]

Age Group	Total					Male					Female				
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Under 1	940	987	733	498	451	457	478	379	261	227	483	509	354	237	224
1 - 4	4,390	4,260	3,511	2,674	2,337	2,245	2,169	1,758	1,338	1,193	2,145	2,091	1,753	1,336	1,144
5 - 14	16,437	15,749	13,589	10,994	9,932	8,400	8,042	6,855	5,499	4,950	8,037	7,707	6,734	5,495	4,982
15 - 24	24,209	24,128	20,618	17,400	16,094	11,860	11,958	10,463	8,821	8,167	12,349	12,170	10,155	8,579	7,927
25 - 44	27,805	26,798	22,770	18,139	16,630	12,023	11,789	10,150	8,200	7,596	15,782	15,009	12,620	9,939	9,034
45 - 64	116,102	117,504	113,469	106,916	103,522	41,494	41,993	39,948	36,480	34,583	74,608	75,511	73,521	70,436	68,939
65 - 74	195,734	202,520	209,063	216,371	230,307	94,975	98,089	101,248	104,881	111,616	100,759	104,431	107,815	111,490	118,691
75 & Older	172,822	177,653	182,324	187,626	192,933	70,928	73,496	75,828	78,488	81,254	101,894	104,157	106,496	109,138	111,679
Total	558,439	569,599	566,077	560,618	572,206	242,382	248,014	246,629	243,968	249,586	316,057	321,585	319,448	316,650	322,620

Age Group	Percentage Change Total				Percentage Change Male				Percentage Change Female			
	2009/2008	2010/2009	2011/2010	2012/2011	2009/2008	2010/2009	2011/2010	2012/2011	2009/2008	2010/2009	2011/2010	2012/2011
Under 1	5.00	(25.73)	(32.06)	(9.44)	4.60	(20.71)	(31.13)	(13.03)	5.38	(30.45)	(33.05)	(5.49)
1 - 4	(2.96)	(17.58)	(23.84)	(12.60)	(3.39)	(18.95)	(23.89)	(10.84)	(2.52)	(16.16)	(23.79)	(14.37)
5 - 14	(4.19)	(13.72)	(19.10)	(9.66)	(4.26)	(14.76)	(19.78)	(9.98)	(4.11)	(12.62)	(18.40)	(9.34)
15 - 24	(0.33)	(14.55)	(15.61)	(7.51)	0.83	(12.50)	(15.69)	(7.41)	(1.45)	(16.56)	(15.52)	(7.60)
25 - 44	(3.62)	(15.03)	(20.34)	(8.32)	(1.95)	(13.90)	(19.21)	(7.37)	(4.90)	(15.92)	(21.24)	(9.11)
45 - 64	1.21	(3.43)	(5.78)	(3.17)	1.20	(4.87)	(8.68)	(5.20)	1.21	(2.64)	(4.20)	(2.13)
65 - 74	3.47	3.23	3.50	6.44	3.28	3.22	3.59	6.42	3.64	3.24	3.41	6.46
75 & Older	2.80	2.63	2.91	2.83	3.62	3.17	3.51	3.52	2.22	2.25	2.48	2.33
All Ages	2.00%	-0.62%	-0.96%	2.07%	2.32%	-0.56%	-1.08%	2.30%	1.75%	-0.66%	-0.88%	1.89%

(1) The population figures are as at March 31, calculated in July.

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Table 4.4
Non-Group Supplementary Coverage:
Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2012 [1]

Coverage Category and Type of Service	Discrete Recipients	Net Payment [2]	Net Payment per Recipient
Regular Premium			
Ambulance	2,388	$706,757	$296
Drugs	79,616	142,908,843	1,795
Hospital Accommodation	463	72,153	156
Other [3]	665	111,184	167
Subtotal	79,922	$143,798,936	$1,799
Subsidized Premium			
Ambulance	504	$174,852	$347
Drugs	13,178	20,186,273	1,532
Hospital Accommodation	56	6,580	118
Other	68	12,816	188
Subtotal	13,209	$20,380,521	$1,543
Seniors			
Ambulance	53,724	$25,824,117	$481
Drugs	414,635	547,891,060	1,321
Hospital Accommodation			
Other	1,262	181,451	144
Subtotal	418,629	$573,896,628	$1,371
Alberta Widows' Pension			
Ambulance	11	$4,095	$372
Drugs	204	189,931	931
Hospital Accommodation			
Other			
Subtotal	206	$194,026	$942
Palliative Care			
Ambulance			
Drugs	821	$1,638,237	$1,995
Hospital Accommodation			
Other			
Subtotal	821	$1,638,237	$1,995
Total			
Ambulance	56,602	$26,709,821	$472
Drugs	503,680	712,814,344	1,415
Hospital Accommodation	520	78,733	151
Other	1,994	305,451	153
Total	507,998	$739,908,348	$1,457

(1) A blank cell represents a zero value.
(2) The sum of net payments may not match the sub-totals or totals due to rounding.
(3) Other service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

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Table 4.5
Non-Group Supplementary Coverage:
Number of Drug Prescriptions and Net Payment
By Prescription Type and Coverage Category
for the Year Ending March 31, 2012 [1]

Prescription Type and Coverage Category	Number of Prescriptions [2]	Net Payment [3]
Prescription Drugs [4]		
Regular Premium	1,452,017	$140,499,292
Subsidized Premium	272,292	19,744,058
Seniors	11,745,237	537,313,398
Alberta Widows' Pension	3,992	185,418
Palliative Care	25,005	1,604,996
Subtotal	13,498,543	$699,347,162
Over-The-Counter [5]		
Regular Premium	44,972	$2,419,886
Subsidized Premium	9,146	442,215
Seniors	304,464	10,583,732
Alberta Widows' Pension	74	4,513
Palliative Care	2,318	33,240
Subtotal	360,974	$13,483,587
Adjustments [6]		
Regular Premium	4	($10,335)
Subsidized Premium		
Seniors	12	(6,069)
Alberta Widows' Pension		
Palliative Care		
Subtotal	16	($16,405)
All Prescriptions		
Regular Premium	1,496,993	$142,908,843
Subsidized Premium	281,438	20,186,273
Seniors	12,049,713	547,891,060
Alberta Widows' Pension	4,066	189,931
Palliative Care	27,323	1,638,237
Total	13,859,533	$712,814,344

(1) A blank cell represents a zero value.
(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) The sum of net payments may not match the sub-totals or totals due to rounding.
(4) Refers to drugs available only with a prescription.
(5) Refers to an otherwise over-the-counter drug type which has been prescribed for these members.
(6) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.).

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Table 4.6
Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2008, 2009, 2010, 2011 and 2012 [1]

Year	Number of Pharmacies	Percentage Change from the Prior Year
2007/2008	945	3.62
2008/2009	950	0.53
2009/2010	969	2.00
2010/2011	990	2.17
2011/2012	1,015	2.53
Annual Average Percentage Change for Last 5 Years		1.80

(1) Data provided by the Alberta College of Pharmacists.

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Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2012 (1)

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions (2)	Discrete Recipients	Net Payment
All Groups						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	21,032	4,038	$38,130,967
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	9,606	1,340	28,692,114
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	13,782	1,330	16,880,477
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	10,804	1,027	14,268,405
	Crestor	10 mg	Cholesterol Lowering Agent	156,902	38,055	14,056,172
	Plavix	75 mg	Prevention of Heart Attack and Stroke	99,005	17,854	13,065,700
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	84,132	23,632	11,796,434
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,505	1,024	10,752,748
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	64,095	21,292	8,206,195
	Advair	500 mcg/doze	Obstructive Airways Diseases	26,181	7,950	7,115,599
Regular and Subsidized Premium						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	7,761	1,098	$23,840,688
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	9,887	964	11,526,620
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,285	988	10,314,906
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	5,958	583	7,435,008
	Cerezyme	400 units	Gaucher's Disease	503	9	3,045,855
	Rebif	0.5 ml syringe	Multiple Sclerosis	1,796	215	2,885,358
	Avonex PS/PEN	30 mcg/0.5 ml syringe	Multiple Sclerosis	1,654	196	2,432,577
	Crestor	10 mg	Cholesterol Lowering Agent	20,220	5,566	1,798,448
	Oxycontin	80 mg	Pain Management	3,566	231	1,782,000
	Simponi	50 mg/0.5 ml syringe	Ankylosing Spondylitis/ Psoriatic Arthritis/ Rheumatoid Arthritis	1,426	169	1,687,179

(1) The sums of the Net Payments may not match the All Groups totals due to rounding.

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

Continued

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Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2012 [1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions [2]	Discrete Recipients	Net Payment
Seniors [3]						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	20,881	4,007	$37,862,555
	Crestor	10 mg	Cholesterol Lowering Agent	136,621	32,468	12,251,611
	Plavix	75 mg	Prevention of Heart Attack and Stroke	91,952	16,354	12,080,732
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	78,931	22,148	11,166,418
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	53,738	17,679	7,079,266
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	4,846	444	6,833,397
	Advair	500 mcg/doze	Obstructive Airways Diseases	22,818	6,935	6,375,008
	Crestor	20 mg	Cholesterol Lowering Agent	48,200	11,346	5,561,401
	Apo-Lansoprazole	30 mg	Acid Reflux Disease / Ulcers	82,644	20,246	5,537,600
	Ezetrol	10 mg	Cholesterol Lowering Agent	42,440	9,826	5,496,996
Alberta Widows' Pension [4]						
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	48	11	$5,873
	Crestor	10 mg	Cholesterol Lowering Agent	43	15	5,101
	Botox	50/100/200 units/vial	Muscle Spasms/ Hyperhidrosis of the Axillae/ Chronic Migraine/ Overactive Bladder	4	<5	4,584
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	42	8	4,173
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	43	9	3,620
	Singulair	10 mg	Asthma/ Exercise-Induced Bronchoconstriction	17	<5	2,769
	Ran-Pantoprazole	40 mg	Acid Reflux Disease / Ulcers	28	8	2,565
	Atacand Plus	16 mg/ 12.5 mg	Hypertension	17	5	2,330
	Apo-Amlodipine	10 mg	Hypertension/ Chest Pain (Angina)	46	9	2,315
	Advair	250 mcg/doze	Asthma/ Chronic Obstructive Pulmonary Disease	5	<5	2,253
Palliative Care						
	Innohep	20,000 IU/ml syringe	Prevention/ Treatment of Blood Clots	286	40	$100,167
	Fentanyl Citrate	0.05 mg/ml	Pain Management	427	97	59,199
	Fragmin	25,000 IU/ml	Prevention of Blood Clots	149	36	56,873
	Sandostatin LAR	30 mg/vial	Rare Endocrine Tumor	46	6	55,935
	Sandostatin LAR	20 mg/vial	Rare Endocrine Tumor/ Acromegaly/ Diarrhea	51	10	53,460
	Ratio-Fentanyl	100 mcg/hr patch	Pain Management	151	34	47,691
	Oxycontin	80 mg	Pain Management	103	12	41,448
	Hydromorphone HP	10 mg/ml	Pain Management	398	81	37,299
	Octreotide Acetate Omega	200 mcg/ml	Rare Endocrine Tumor	177	38	35,864
	Innohep	20,000 IU/ml vial	Prevention/ Treatment of Blood Clots	69	13	28,316

(1) The sums of the Net Payments may not match the All Groups totals due to rounding.
(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) Seniors refers to the registration status of account holder or spouse/partner age 65 or older and their dependants.
(4) Alberta Widows' Pension refers to the registration status of account holder who belongs to the Alberta Widows' Pension Program and their dependants.

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Table 4.8
Non-Group Supplementary Coverage:
Cost of Prescription by Broad Drug Category
for the Year Ending March 31, 2012

Broad Drug Category	Number of Prescriptions [1]	Net Payment	Co-Payment [2]	Coordination of Benefits [3]	Average Gross Cost per Prescription [4]
Antihistamines	1,960	$48,983	$15,470	$2,769	$34.30
Antineoplastic Agents	38,387	2,744,343	490,904	88,733	86.59
Antitussives, Expectorants, Mucolytics	20,092	1,940,229	313,142	38,288	114.06
Anti-Infective Agents	686,315	24,208,112	6,165,250	982,737	45.69
Autonomic Drugs	547,021	53,073,629	8,166,369	578,110	113.01
Blood Formation and Coagulation	488,970	$39,182,223	$4,975,588	$620,344	$91.58
Cardiovascular Drugs	4,447,672	194,390,464	58,293,861	1,925,427	57.25
Central Nervous System Drugs	2,876,124	103,365,708	28,114,180	2,504,275	46.58
Compound Drugs					
Devices [5]	5,217	101,174	43,607	684	27.88
Dental Agents	5	60	26	0	17.16
Diagnostic Agents					
Electrolytic, Caloric, Water Balance	556,823	$6,948,731	$2,875,498	$65,544	$17.76
Enzymes	503	3,045,855	4,825	0	6,064.97
Eye, Ear, Nose and Throat Preparations	376,931	47,449,170	3,990,855	83,415	136.69
Gastrointestinal Drugs	949,046	58,190,569	13,800,432	1,087,484	77.00
Gold Compounds	667	39,520	11,473	709	77.52
Heavy Metal Antagonists	1,377	$1,182,296	$29,812	$27,686	$900.36
Hormones & Synthetic Substitutes	1,676,529	46,878,112	14,918,178	877,894	37.38
Local Anaesthetics	52	4,038	454	0	86.39
Serums, Toxoids, and Vaccines	1,944	158,194	25,858	2,842	96.14
Skin & Mucous Membrane Preparations	312,756	6,387,918	2,411,730	131,637	28.56
Smooth Muscle Relaxants	78,011	$4,022,322	$929,539	$42,794	$64.03
Out of Country & Special Access	1,783	47,112	10,360	811	32.69
Unclassified Therapeutic Agents	693,627	118,346,346	8,573,264	11,362,300	199.36
Undetermined [6]	16	(16,405)	14	0	(1,024.40)
Vitamins	97,705	1,075,641	389,085	22,404	15.22
Total [7]	13,859,533	$712,814,344	$154,549,775	$20,446,888	$64.06

(1) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(2) Co-Payment represents the portion of the prescription cost the recipient pays when a prescription is filled.
(3) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.
(4) Gross Cost = Net Payment + Co-Payment + Coordination of Benefits.
(5) Only those devices used with prescription drugs.
(6) Negative payments represent adjustments and/or reversals of claim payments.
(7) The sums of the columns may not match the totals due to rounding.

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Table 4.9
Non-Group Supplementary Coverage:
Number of Prescriptions and Prescription Cost Components
by Coverage Category (Direct Bill Claims Only)
for the Year Ending March 31, 2012 [1]

Coverage Category	Number of Prescriptions [2]	Drug Material Cost [A]	Dispensing Fee [3] [B]	Additional Inventory Allowance [4] [C]	Adjustments [5] [D]	Gross Cost [6] [E]	Co-Payment [7] [F]	Coordination of Benefits [8] [G]	Net Payment [9] [H]
Regular and Subsidized Premiums	1,753,956	$175,053,810	$19,844,078	$3,722,736	($17,294)	$198,603,329	$21,321,772	$16,056,168	$161,225,388
Seniors	12,009,264	534,150,960	120,190,571	27,049,793	(6,305)	681,385,019	132,124,035	3,169,980	546,091,003
Alberta Widows' Pension	4,035	189,699	41,295	9,076		240,070	50,911	237	188,922
Palliative Care	26,672	1,579,031	349,295	43,982	(102)	1,972,207	186,785	174,893	1,610,529
Average Cost per Prescription		51.54	10.18	2.23		63.96	11.14	1.41	51.41
Total [10]	13,793,927	$710,973,501	$140,425,239	$30,825,586	($23,701)	$882,200,624	$153,683,503	$19,401,279	$709,115,843

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.
(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) The Dispensing Fee is the portion of the overall prescription cost that covers pharmacists' professional services and business overhead.
(4) Additional Inventory Allowance is an additional fee paid to pharmacies to compensate for a portion of their inventory management.
(5) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.)
(6) Gross Cost [E] = [A] + [B] + [C] + [D]
(7) Co-Payment represents the portion of the prescription cost the recipient pays when the prescription is filled.
(8) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.
(9) Net Payment [H] = [E] - [F] - [G]
(10) The sums of the columns may not match the totals due to rounding.

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Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)
A non-profit, publicly funded plan administered and operated by Health and Wellness under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dental specialist/oral surgical services and some services provided by optometrists and podiatrists to eligible residents of Alberta.

Allied Health Services
Services provided by dental specialists/oral surgeons, optometrists and podiatrists, and funded by the AHCIP. Some fees for allied health services may exceed the coverage provided by the AHCIP in which case the individual patient is responsible for the difference.

Alternate Relationship Plan
A plan that provides physicians with an alternative to the traditional fee-for-service payment method and provides physicians with flexibility in the way they provide care. An Alternate Relationship Plan enables a team-based approach and promotes improved access to care, patient satisfaction and the recruitment/retention of physicians.

Basic Health Services
Insured services provided by physicians and dental specialists/oral surgeons as well as a number of services provided by optometrists and podiatrists.

Blank Cell
Represents a zero value.

Bracketed Data
Bracketed data ( ) indicates negative figures.

Clinical Stabilization Initiative
Established in the 2006 *Amending Agreement to the Tri-Lateral Master Agreement* and includes: the Rural Remote Northern Program; the Business Cost Program; and the Communities in Crisis Program. The purpose of the Rural Remote Northern Program is to improve physician recruitment and retention in underserviced areas by providing physician incentive programs. The Business Cost Program is intended to help physicians with the rising costs associated with running community offices by paying a flat bonus on top of each office-based or consultative service provided by all physicians in any community in Alberta. The Communities in Crisis Program addresses the challenges of recruiting physicians to live and practise in communities in crisis.

Discrete Count
The discrete items are only counted once.

Discrete Patients
The number of individuals registered with the AHCIP who received at least one basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the Statistical Supplement are based on the number of discrete patients.

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Discrete Service Providers
The number of practitioners who provided at least one service payable under the AHCIP. Discrete service providers are only counted once.

Double Dash (--)
Represents a non-zero value; actual value was too small to be shown.

FP
Family Physician.

FTE
Full-time equivalent.

Fee-for-Service
A standard business model in which services are unbundled and paid for separately. In the health insurance and health care industry, fee-for-service refers to practitioner payments for individual services such as office visits, procedures or other health services.

Fiscal Year
April 1 of one year to March 31 of the following year.

GP
General Practitioner.

Health Zones
Alberta is divided into five continuum zones for the ease of management of the delivery of health care services by Alberta Health Services.

Insured Services
Physician and dental specialist/oral surgeon services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Medical Assessments
Primarily office visits and consultations.

Medical Services
Services provided by a physician.

N/A
Not available.

n.a.
Not applicable.

Net Payment
The total amount paid by Health and Wellness through Non-Group Supplementary plans.

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Nil
No change.

Non-Group Supplementary Plans
Supplementary health services coverage administered by Alberta Blue Cross on behalf of Health and Wellness for prescription drugs and selected health services.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

Practitioner
Licensed health care provider who is registered with the AHCIP and provides basic health services.

Practitioner Payments
Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data are reported on a date-of-service basis and include only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Network
A network of family physicians that uses a team approach with other health care professionals to coordinate primary care for their patients. A Primary Care Network receives program funding in addition to fee-for-service.

Recipient Location
The health zone where the person who received the health service lived at the time of service based on AHCIP registration data.

Registration
The number of single and family accounts registered with the AHCIP; one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons
Alberta residents insured under a program and therefore entitled to receive benefits.

Schedules of Benefits
Schedules of practitioner services and fee-for-service rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions, price list and explanatory codes. The Statistical Supplement includes data for five distinct benefits schedules (medical, oral and maxillofacial surgery, optometry, podiatric surgery and podiatry).

Service Location
The health zone where a health service was provided.

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Year at a Glance

	2010-2011	2011-2012
Total Albertans covered under the Alberta Health Care Insurance Plan	3,786,238	3,910,117
Non-seniors	3,334,646	3,437,113
Seniors	451,592	473,004
Amount paid to Alberta practitioners (fee-for-service)	$2,355,575,749	$2,509,547,261
Physicians	$2,302,481,210	$2,450,159,476
Allied Health Practitioners	$53,094,539	$59,387,785
Average annual fee-for-service payment		
All Physicians (except Pathology)	$341,444	$349,274
All Specialists (except General/Family Physicians and Pathology)	$432,414	$443,323
General/Family Physicians	$270,211	$274,624
Number of practitioners who submitted fee-for-service claims	7,534	7,852
Physicians (including General Practitioners) (1)	6,743	7,015
General Practitioners	3,770	3,907
Dental Specialists/Oral Surgeons	207	218
Optometrists	524	557
Podiatrists	60	62
Number of physicians by gross payment range (fee-for-service) (2)		
Less than $500,000	5,439	5,592
More than $500,000	1,304	1,423
More than $1 million	243	272
More than $2 million	42	50
Alternate Relationship Plans		
Total Expenditures	$271,259,255	$277,289,363
Total Alternate Relationship Plans	57	55
Total Physicians (1)	1,688	1,717
Primary Care Networks		
Total Payments	$125,237,697	$137,511,125
Total Primary Care Networks	39	40
Total Physicians (1)	2,216	2,483
Total Patients Enrolled	2,553,384	2,806,926

(1) Fee-for-service, alternate relationship plan and primary care network total physicians cannot be added together to obtain a total physician count as alternate relationship plan and primary care network physicians may or may not already be included in the fee-for-service physician count.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

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	2010-2011	2011-2012
Allied health services provided (fee-for-service)		
Total Number of Services Provided	1,013,407	1,112,167
Average Number of Services per Practitioner	1,281	1,329
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone (Zone 1)	**84.03%**	**84.27%**
Chinook Regional Health Authority	85.19%	
Palliser Health Region	82.39%	
Calgary Zone (Zone 2)	**96.99%**	**97.00%**
Calgary Health Region	96.99%	
Central Zone (Zone 3)	**69.02%**	**69.74%**
David Thompson Regional Health Authority	75.65%	
East Central Health	50.78%	
Edmonton Zone (Zone 4)	**96.90%**	**96.98%**
Capital Health	96.90%	
North Zone (Zone 5)	**64.08%**	**65.46%**
Aspen Regional Health Authority	50.84%	
Peace Country Health	79.02%	
Northern Lights Health Region	69.40%	
Unknown Zone	**2.98%**	**3.21%**
Amount spent on Non-Group Supplementary coverage	$731,818,529	$739,908,348
Non-seniors	$163,485,728	$164,179,457
Seniors	$566,397,529	$573,896,628
Alberta Widows' Pension	$321,192	$194,026
Palliative Care	$1,614,080	$1,638,237
Number of community-based pharmacies in Alberta	990	1,015

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